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ABSTRACT

The manual, one of a series designed to help Florida school districts provide special programs for exceptional students, focuses on approaches for successful interagency planning for profoundly mentally handicapped (PMH) students. Chapter 1 introduces the principal agencies involved--state department of education, local school districts, and the Department of Health and Rehabilitative Services (HRS)--and reviews their structure and service offerings. Chapter 2 covers statutes, rules and regulations affecting plans for PMH students. Chapter 3 centers on the Individual Educational program, contrasting it with the habilitation plan used for clients of HRS. Both types of plans are explained in terms of formats and definitions. In the final chapter, four methods of agency coordination through interagency planning and service provision are reviewed. The chapter suggests a continuum of coordination practices and examines considerations in implementing each alternative. (CL)

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A RESOURCE MANUAL FOR THE DEVELOPMENT AND EVALUATION OF SPECIAL PROGRAMS FOR EXCEPTIONAL STUDENTS

VOLUME III-J
Interagency Service Plans For The Profoundly Mentally Handicapped

Bureau of Education for Exceptional Students

State of Florida
Department of Education
Tallahassee, Florida
Ralph D. Turlington, Commissioner
Affirmative action/equal opportunity employer

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DIVISION OF PUBLIC SCHOOLS
BUREAU OF EDUCATION FOR EXCEPTIONAL STUDENTS

Florida Department of Education Publications in Exceptional Student Education

The following is a list of publications developed by the Bureau of Education for Exceptional Students to assist local school systems in the provision of special programs for exceptional students. For additional information, please contact:

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RESOURCE MANUALS

Laws and Rules

___ Volume I-B: Florida Statutes and State Board of Education Rules: Excerpts for Programs for Exceptional Students, 1982.

___ Volume I-C: Federal Laws and Regulations Pertaining to the Education of Exceptional Students - P.L. 94-142, Sec. 504, and P.L. 89-313, 1982.

___ Volume I-E: Florida Statutes and State Board of Education Rules: Florida School for the Deaf and the Blind - Florida Department of Health and Rehabilitative Services, 1980.

Program Manuals

___ Volume II-A: Visually Impaired

___ Volume II-B: Mentally Handicapped, 1982.

___ Volume II-C: Speech and Language Impaired, 1979.

___ Volume II-D: Hearing Impaired: Deaf and Hard of Hearing

___ Volume II-E: Emotionally Handicapped, 1981.

___ Volume II-F: Specific Learning Disabilities, 1980.

___ Volume II-G: Gifted, 1980.

___ Volume II-H: Homebound/Hospitalized, 1980.

___ Volume II-I: Physically Impaired, 1977.

___ Volume II-J: Occupational and Physical Therapy, 1982.

___ Volume II-K: Deaf-Blind, 1982.

(continued on inside back cover)

This Resource Manual was developed by Leon County Public Schools through the Special Project, Interagency Development, funded by the State of Florida, Department of Education, Bureau of Education for Exceptional Students, under Federal Assistance for the Education of the Handicapped (P.L. 91-230, EHA Part B, as amended by P.L. 93-380 and P.L. 94-142).

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PREFACE

This resource manual was developed and written by the Interagency Development Project, a Title VI-B project awarded to the Leon County School Board by the Florida Department of Education, Bureau of Education for Exceptional students. The funding period for the grant began July 1, 1981 and ended June 30, 1983. The project had three major goals for the two-year grant period: first, to study interagency coordination of service plans for school-aged profoundly mentally handicapped (PMH) students in Florida; second, to identify practices for agency coordination; and third, to develop a resource manual and complementary training materials for Florida educators interested in improving interagency coordination of service plans for PMH students. To meet these goals, project activities for the two-year grant period included:

1. A state-wide survey of services to school-aged PMH students.

2. On-site and telephone interviews with personnel from public schools, the Florida Department of Health and Rehabilitative Services (HRS), and Intermediate Care Facilities for the Mentally Retarded (ICF/MRs).

3. A study of public school and HRS coordination of services at Tallahassee Sunland Center.

4. The development and production of a resource manual and training materials to help school districts, HRS, and ICF/MRs coordinate service plan reviews for school-aged PMH students.

Public school personnel interested in improving the coordination of services to PMH students will find this resource manual and the companion training program A Resource Manual for the Development of Interagency Service Plans for the Profoundly Mentally Handicapped: Partners in Planning: A Training Program useful references. Using different formats, both publications provide information on the agencies that serve PMH students, the legal bases for service plans, service plan documents, and methods for coordinating planning. The two manuals may be used independently or in conjunction for group training.

Users of this manual may not be familiar with all of the legal and agency terms that relate to the provision of services for PMH students. Appendix B presents a glossary of terms that provides definitions of some of the commonly-used terms. This glossary should be used as a reference when unfamiliar terms appear in the text.

ACKNOWLEDGEMENTS

This resource manual is one in a series of publications developed to help Florida school districts provide special programs for exceptional students. It was developed by the Interagency Development Project, Leon County Public Schools under the guidance of:

Charles H. Couch
Superintendent of Schools

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Director, Exceptional Student Education

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Coordinator, Exceptional Student Education

Linda F. Laugen, Project Director
Interagency Development Project

During the field survey conducted in the first year of the Interagency Development Project, 52 school district and HRS personnel responded to written questionnaires, 23 exceptional student education administrators answered questions through telephone surveys, and 83 individuals were interviewed. The Interagency Development Project recognizes the contributions of these professionals, without which this resource manual could not have been developed. Members of the DOE/HRS Interagency Task Force also had the opportunity to review rough draft materials of the resource manual and training materials. Appreciation is expressed to these individuals for their willingness to provide constructive content suggestions.

A 14-member advisory committee was also established to oversee project activities and materials production. A list of advisory committee members appears in appendix A.

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INTRODUCTION

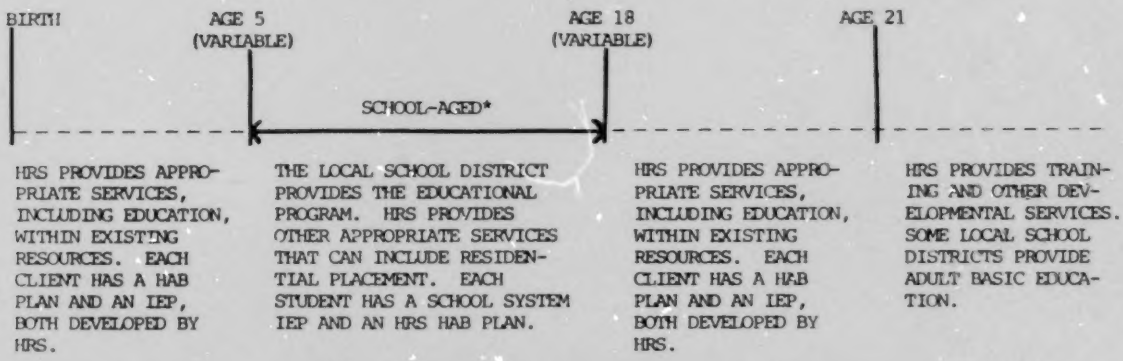
Two major systems in Florida share the responsibilities for the physical, social, and educational development of profoundly mentally handicapped (PMH) individuals. The public schools of Florida ensure the provision of educational services to all PMH students between the ages of 5 and 18 (subsequently referred to as school-aged in this manual). Local school districts meet the needs of PMH students living in their own, group, or foster homes or in HRS residential facilities. Florida law (Section 232.01, F.S.) permits local districts to serve only those students classified as school-aged or to extend their programs to include students below age 5 and above age 18. Thus, some school districts provide educational programs for students beyond the mandated ages and serve PMH children from birth through age 21. The exact ages served vary from school district to school district. For each student enrolled in exceptional education, school districts must develop an Individual Educational Program (IEP) that describes the educational and related services the student will receive.

The second major system, the Florida Department of Health and Rehabilitative Services (HRS), is responsible for providing appropriate services to eligible PMH children, adolescents, and adults. The Developmental Services Program of HRS provides specific community services (see Chapter 2) and residential placement and care for individuals whose needs dictate such placement. The Developmental Services Program also provides educational programs for children and young adults not served by local school districts. HRS programs for PMH clients over age 21 often include adult basic education, which is provided by local school systems. Public Law (P.L.) 95-602 requires that each client of the Developmental Services Program have a written habilitation (hab) plan that describes all the services the individual is to receive.

Through these two state systems, PMH individuals receive a continuum of care and training like the one represented in Figure 1.

FIGURE 1

CONTINUUM OF SERVICES TO PMH CLIENTS OF HRS


BIRTH
AGE 5 (VARIABLE)
AGE 18 (VARIABLE)
AGE 21
SCHOOL-AGED*
HRS PROVIDES APPROPRIATE SERVICES, INCLUDING EDUCATION, WITHIN EXISTING RESOURCES. EACH CLIENT HAS A HAB PLAN AND AN IEP, BOTH DEVELOPED BY HRS.
THE LOCAL SCHOOL DISTRICT PROVIDES THE EDUCATIONAL PROGRAM. HRS PROVIDES OTHER APPROPRIATE SERVICES THAT CAN INCLUDE RESIDENTIAL PLACEMENT. EACH STUDENT HAS A SCHOOL SYSTEM IEP AND AN HRS HAB PLAN.
HRS PROVIDES APPROPRIATE SERVICES, INCLUDING EDUCATION, WITHIN EXISTING RESOURCES. EACH CLIENT HAS A HAB PLAN AND AN IEP, BOTH DEVELOPED BY HRS.
HRS PROVIDES TRAINING AND OTHER DEVELOPMENTAL SERVICES. SOME LOCAL SCHOOL DISTRICTS PROVIDE ADULT BASIC EDUCATION.

*Exact ages in the school-aged category vary from school district to school district.

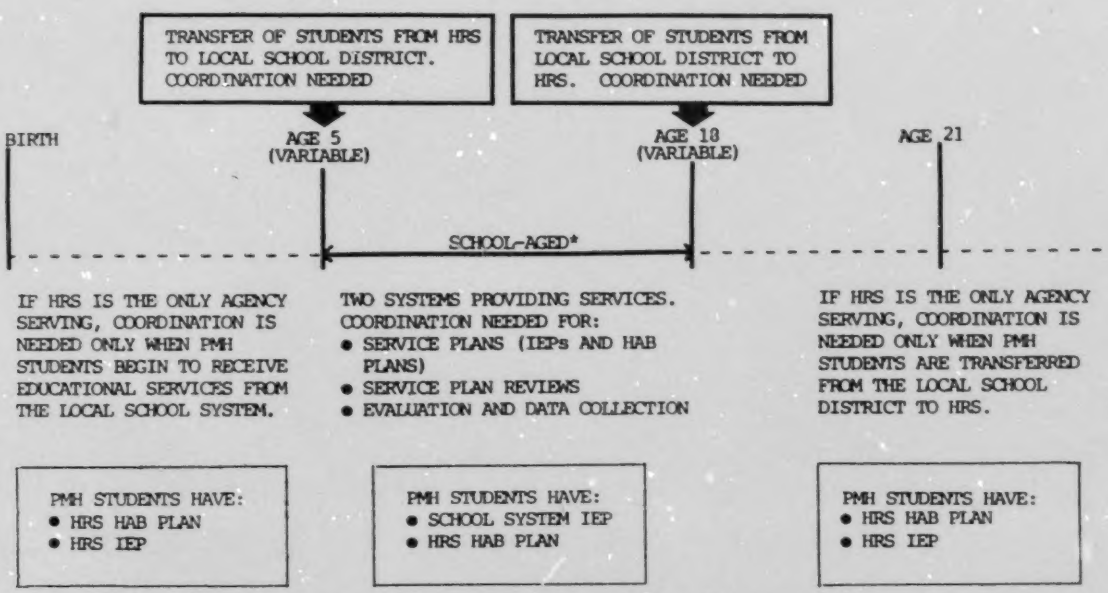
Although this continuum generally represents the provision of educational services throughout the state, it does not depict the situation in every school and HRS district. The exact range of the "school-aged" category varies from school district to school district. Some school districts provide exceptional student education programs for students from birth through 21 years old; others from 3 to 19; and still others from 3 to 21. Some districts serve PMH students beyond age 18 on an individual basis and provide adult basic education for HRS clients over 18. HRS may provide educational services to those PMH clients not being served by local school systems.

In serving PMH children under age 5 and adults between 18 and 21, HRS must meet the same legal requirements for the education of the handicapped that apply to local school districts. State Board of Education Rule 6A-15 mandates IEPs for all Developmental Services clients, aged 21 or below, who are receiving educational services from HRS (SBER 6A-15.14). Thus, PMH clients who are receiving HRS educational services also have IEPs developed by HRS personnel. When these individuals enroll in public school programs, IEP development becomes the responsibility of local schools. Distinguishing between HRS and school system IEPs is important because HRS requirements for the development and use of IEPs vary slightly from those of local school districts and the Florida Department of Education (DOE). Because this manual addresses only the "school-aged" category of PMH students, all references to IEPs are to those developed by local school districts, not by HRS.

Figure 2 illustrates the importance of coordination for school-aged PMH students.

FIGURE 2

PMH STUDENTS REQUIRING INTERAGENCY COORDINATION*


TRANSFER OF STUDENTS FROM HRS TO LOCAL SCHOOL DISTRICT. COORDINATION NEEDED
TRANSFER OF STUDENTS FROM LOCAL SCHOOL DISTRICT TO HRS. COORDINATION NEEDED
BIRTH
AGE 5 (VARIABLE)
AGE 18 (VARIABLE)
AGE 21
SCHOOL-AGED*
IF HRS IS THE ONLY AGENCY SERVING, COORDINATION IS NEEDED ONLY WHEN PMH STUDENTS BEGIN TO RECEIVE EDUCATIONAL SERVICES FROM THE LOCAL SCHOOL SYSTEM.
TWO SYSTEMS PROVIDING SERVICES. COORDINATION NEEDED FOR:
• SERVICE PLANS (IEPs AND HAB PLANS)
• SERVICE PLAN REVIEWS
• EVALUATION AND DATA COLLECTION
IF HRS IS THE ONLY AGENCY SERVING, COORDINATION IS NEEDED ONLY WHEN PMH STUDENTS ARE TRANSFERRED FROM THE LOCAL SCHOOL DISTRICT TO HRS.
PMH STUDENTS HAVE:
• HRS HAB PLAN
• HRS IEP
PMH STUDENTS HAVE:
• SCHOOL SYSTEM IEP
• HRS HAB PLAN
PMH STUDENTS HAVE:
• HRS HAB PLAN
• HRS IEP

*AS NOTED IN FIGURE 1, THE EXACT AGE RANGE OF PMH STUDENTS ATTENDING PUBLIC SCHOOL VARIES FROM SCHOOL DISTRICT TO SCHOOL DISTRICT.

Local school districts and HRS serve school-aged PMH students from three different home environments: (1) students who live with their natural parents or guardians: (2) students who live in group or foster homes; and (3) students who live in HRS-operated or private residential facilities. Because of the differing needs and environments of these three categories of PMH students, types of service delivery and interagency coordination of services vary. Along with individual needs and environments, agency resources also help determine exactly what types of services students receive. Service delivery to these students ranges from simple to complex, but federal and state regulations are the same for the education of all three types of students.

Because of a mutual concern for the individuals in their charge, staffs within local school systems, HRS districts, the DOE, and the central HRS headquarters are seeking to identify and implement positive practices for interagency coordination of services. A logical starting point for such cooperation is the coordination of habilitation plans and IEPs. The coordination of these documents is affected by numerous factors, however, some of which stem from federal, state, and agency requirements and their interrelationships. Other factors are specific to only one or a few localities and thus require that local agencies devise specific procedures to address them.

Purpose of This Manual

This resource manual has been developed to better acquaint public school and HRS personnel with the statutes, rules, and regulations on which service plans are based. It also describes the service plans used by local school districts and HRS and suggests ways in which local agencies may coordinate the development and implementation of these documents.

The information in the following chapters is intended for the use of public school superintendents, exceptional student education administrators and supervisors, school principals, teachers, and other public school personnel involved in coordinating educational services with HRS and other agencies. Both individually and collectively, these people play important roles in creating and nurturing interagency communication. The manual can also help HRS personnel understand the procedures local school districts use to provide educational services. The statutory bases for service planning and the alternatives for coordination should suggest ways in which both agencies might adjust local policies and procedures to encourage and enhance cooperative efforts.

Chapter 1 introduces the principal agencies involved--Florida's local school districts, the Florida Department of Education, and the HRS Developmental Services Program--and describes their structure and the services they provide to school-aged PMH students. Chapter 2 details the statutory bases for service plans and service plan reviews. It compares the statutory requirements for service provision and documentation and points out resulting compatibilities and constraints to interagency coordination.

Chapter 3 describes the IEP Florida's public schools use to provide educational services to exceptional students and compares it with the hab plan

used for Developmental Services clients. This section explains the requirements of both plans and includes sample formats and definitions.

Chapter 4 presents four alternatives for agency coordination through interagency planning and service provision. Because local needs and circumstances vary (for example, the coordination needs of school districts with Sunland Centers are specific to those districts), the chapter offers a continuum of coordination practices for consideration.

As school and HRS personnel review these alternatives, they may also want to consider developing written agreements between the two agencies where these are not mandated by law. Thus, chapter 4 also discusses written cooperative agreements and other written forms of service coordination. An overview of data collection and sharing is also included. The communication of data on students and programs is indirectly related to service plans and service plan reviews. At the same time, it is an important element of coordination and school districts interested in improving the education and care of PMH students will want to consider it as well.

Although the manual offers suggestions for increasing interagency coordination, it does not attempt to address or resolve the numerous and often situational problems related to individual and group cooperation. Nor does it attempt to instruct local school districts on the "best" or "correct" way to provide services to PMH students. Local school boards and school district personnel will want to consider all viable alternatives for service delivery and select or adapt those that they believe meet student needs and local circumstances.

CHAPTER 1

PARTICIPANTS IN SERVICE PLANNING

As pointed out in the introduction to this manual, Florida's local school districts and HRS have both been charged with meeting the needs of profoundly mentally handicapped (PMH) individuals. The Bureau of Education for Exceptional Students (BEES) within the DOE provides local school districts with direction and support in the development of exceptional student education programs. HRS has delegated the role of program planning for the developmentally disabled to its Developmental Services Program Office. This chapter discusses these agencies' roles and responsibilities and highlights the procedures and operations by which they fulfill statutory requirements.

Florida's Local School Districts

Local school districts are bound by Section 230.23, F.S., and State Board of Education Rule 6A-6.331, which require the development of IEPs. State laws and State Board of Education rules require school districts to meet general requirements for IEP development, but they allow considerable latitude in the development of specific content. As a result, local school districts that serve PMH students vary substantially in the combination of strategies, procedures, and activities they use to meet statutory requirements and student needs. Generally, however, local school districts use one of three management structures to develop IEPs for PMH students:

1. The school-based model assumes that most of the responsibility for identifying exceptional students and for finding appropriate programs to meet their needs belongs to school-level personnel (i.e., principals, guidance counselors, and teachers). These personnel are responsible for decision making and for carrying our district procedures and policies.

2. In the central-office-based model, the central or district office assumes the decision-making role. School personnel identify students who may need exceptional student education programs. Staff in the central office are assigned specific responsibilities for assessing the needs of students and for deciding which program is appropriate for each student.

3. In the shared-decision-based model, the needs of exceptional students are identified, assessed, and met through the interaction of school personnel who are acquainted with individual students and district staff who are knowledgeable about program designs, related services, and the coordination of

services. This model requires greater communication and coordination between the school and the district.

Whatever their form of management, school districts also differ in the organization of staffings and other meetings. Some school districts use a one-step process that combines decisions on student eligibility with the development of the IEP. Participants meet and discuss a student's assessment results and profiles. Next, they compare these with eligibility criteria for exceptional student programs. If a student is considered eligible for a particular program, the committee members develop an IEP.

Other school districts employ a two-step process. First, an eligibility staffing is held to review assessment results and to determine whether a student qualifies for an exceptional student program. The school psychologist, the guidance counselor, the staffing specialist, the student's teacher, and the parent often attend this staffing. If a student is considered eligible, a second meeting, to write the IEP, is scheduled and held within 30 days. The staffing specialist or guidance counselor, the teacher, and the parent(s) usually participate in the IEP meetings.

Although federal and state statutes require that certain individuals attend these meetings, the laws are flexible enough to permit diverse representation by school system personnel. For example, the local school district representative may be a central-office employee or a school-based staff member. Personnel assuming this responsibility include exceptional student education directors, program consultants, staffing specialists, principals, and teachers. Other persons interested in the student's program may also be invited to attend, and some districts encourage participation by all personnel working directly with the student. This approach usually results in the attendance of at least one teacher and various therapists. Other districts organize their meetings around the presence of a local school district representative, the parent(s), and a teacher or therapist.

Because local practices vary so widely, no typical procedures for developing IEPs can be cited. Factors such as schedules for annual reviews, document formats, details required for IEP components, and specific personnel to participate in meetings all vary. A school district's schedule for annual reviews is a particularly important variable. Many school districts schedule annual reviews of all IEPs for the end of the school year. The months of April and May are set aside for meetings of parents, teachers, and local school district representatives to review students' progress during the school year and to develop IEPs for the next school year. Other school districts schedule a certain number of IEP review meetings each month during the school year. The students' IEPs are then reviewed during the same month one calendar year later. This concept works best when students are enrolled in programs with curricula and instructional materials that cover entire skill areas and sequences rather than in textbook-oriented classes, which may differ greatly from one year to the next. In the latter situation, projecting goals for the next year is usually more difficult.

The Bureau of Education for Exceptional Students (BEES)

BEES assists in the development of state and federally funded educational programs for students who are hearing-impaired, mentally handicapped, physically handicapped, speech-impaired, emotionally handicapped, gifted, visually-impaired, and learning-disabled. It provides technical assistance in program development and evaluation to school districts, other state agencies, and universities; conducts program audits; and prepares resource materials and manuals. BEES also helps school districts interpret applicable statutes and rules and promotes standards for educational practices.

In assuming these responsibilities, the Bureau has two major purposes: to provide direction and support for exceptional student education to local school districts and to ensure the provision of adequate exceptional student education programs. To achieve these purposes, staff members of the four sections of the Bureau perform a variety of activities. Consultants in the Program Development Section serve as content experts in different categories of exceptionality. These consultants provide technical assistance to exceptional student education personnel through bulletins, training, on-site visits, and other activities. The Program Review and Evaluation Section participates in audits of local school districts to examine districts' practices and compliance with required standards. The resulting reports are forwarded to the school districts for corrective action.

BEES provides additional support to school districts through the Florida Diagnostic and Learning Resources System (FDLRS), a system of associate centers throughout the state that offer materials and inservice training to persons working with exceptional students. The Program Services Section of BEES manages the FDLRS system. The Clearinghouse/Information Center handles special projects, parent services, and personnel preparation.

The fourth section of BEES, Resource Development, administers federal projects dealing with various aspects of exceptional student education at both state and district levels.

To ensure that local school districts are providing adequate programs for exceptional students, BEES requires each district to submit, annually, a set of district procedures for serving exceptional students [SBER 6A-6.34]. These procedures are to address:

1. the organization and operation of the school district's exceptional student education program

2. the provision of special programs that include:
   - criteria for eligibility
   - procedures for screening, referral, student evaluation, determining eligibility and educational placement, providing an IEP, and dismissal or reassignment of students
   - descriptions of program organization, instructional programs, supportive services, and housing for special programs
   - plans for evaluating programs

3. the provision of programs through multi-district cooperatives

4. contractual arrangements with non-public schools, when applicable

5. due process hearings

6. student discipline

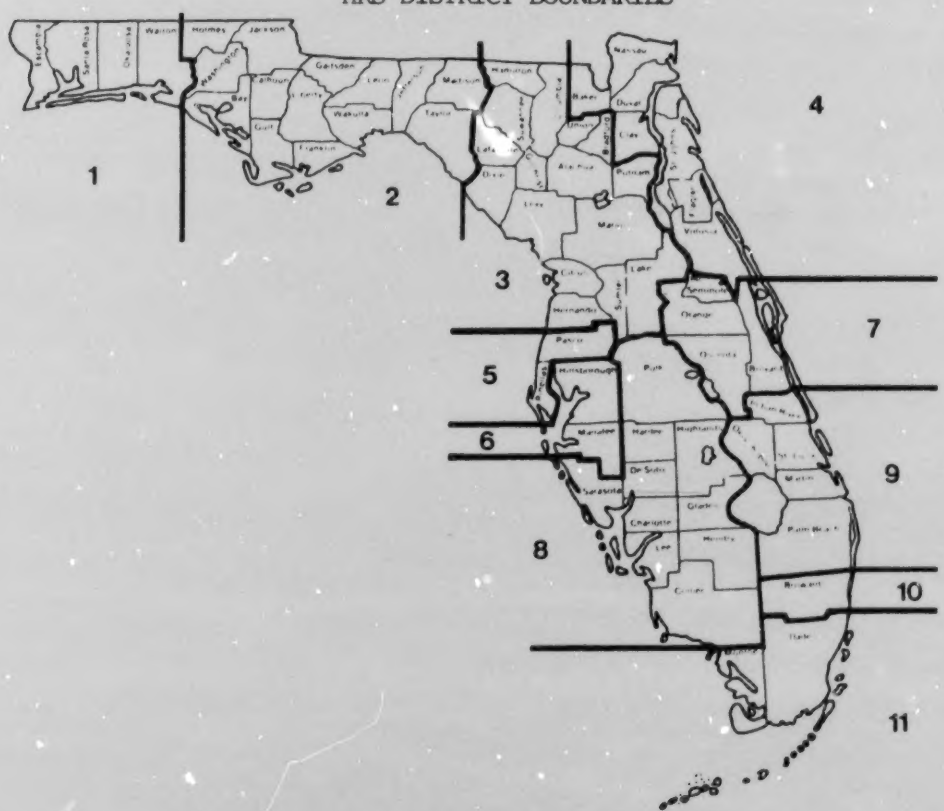
The school districts' procedures must be in compliance with all State Board of Education rules relating to special programs for exceptional students and must be submitted to BEES for review and approval prior to the first funding count in October. Once BEES approves a school district's procedures, they become a binding document for that district.

The Department of Health and Rehabilitative Services (HRS)

HRS is the state agency responsible for providing integrated delivery of all health, social, and rehabilitative services to eligible Florida residents. For service delivery purposes, the state is divided into 11 HRS districts, each serving from 1 to 16 counties. Figure 3 illustrates HRS district boundaries.

FIGURE 3

HRS DISTRICT BOUNDARIES



Each district is authorized to provide the following programs to HRS clients:

Aging and Adult Services (AA)

Children's Medical Services (CMS)

Children, Youth, and Families (CYF)

Child Support Enforcement (CSE)

Developmental Services (DS)

Health (HE)

Alcohol, Drug Abuse, and Mental Health (MH)

Vocational Rehabilitation (VR)

Economic Services (ES)

Medicaid Services (DM)

For PMH clients, the most relevant of these programs is Developmental Services, which serves developmentally disabled individuals. Under Florida law, children and adults may be classified as developmentally disabled if they exhibit disorders or syndromes caused by retardation, cerebral palsy, autism, or epilepsy and the symptoms constitute substantial handicaps that are likely to continue indefinitely.

Florida law [Ch. 393, F.S.] also permits Developmental Services to accept clients who qualify for services under P.L. 95-602, [§ 102(7)] which defines "developmental disability" as a severe, chronic disability that:

- is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the person attains the age of 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and
- reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or

other services that are of lifelong or extended duration and are individually planned and coordinated.

PMH children, adolescents, and adults meet both state and federal criteria for developmental disablities and are thus eligible to receive services through the Developmental Services Program. Developmental Services staff in each HRS district:

1. identify individuals who are eligible for and want specialized assistance;

2. identify specific, individual needs;

3. help the client or the client's family identify resources and obtain services to meet these needs;

4. coordinate service delivery; and

5. reassess the individual's needs and services provided.

Services for each client are coordinated by means of a written habilitation (hab) plan developed by an interdisciplinary team. Case managers, or social workers assigned to each client assume the responsibility for obtaining the services indicated on the hab plan. Intended to provide services that help reduce or eliminate client dependency, the system involves three basic processes: (1) habilitation planning; (2) implementation of the hab plan; and (3) reassessment of client needs.

Habilitation Planning. Once the district Diagnosis and Evaluation (D&E) Team has determined that a person is eligible for Developmental Services, an interdisciplinary team called the Habilitation Planning Committee (HPC) develops a hab plan that identifies goals and service needs for the recipient. The HPC is made up of at least one member of the D&E team or a Qualified Mental Retardation Professional (QMRP),[1] the case manager (usually a social worker), the client, the client's guardian, and others familiar with the client. HRS is not required to provide all the services listed in the plan but will

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[1]Chapter 10D-38, FAC [10D-38.02(26)] defines a QMRP as any one of the following: (a) psychologist with at least a master's degree from a accredited program, with specialized training and 1 year of specialized experience in treating the retarded; (b) a physician duly licensed to practice medicine or osteopathy, with specialized training and 1 year of specialized experience in treating the retarded; (c) an educator with a degree in education from an accredited program and with specialized training and 2 years of experience in working with the retarded; (d) a social worker with a bachelor's degree in social work from an accredited program and with specialized training and

either coordinate the provision of services from outside sources or document efforts to obtain services that cannot be provided.

Implementation of the Hab Plan. A Developmental Services case manager develops a strategy for implementing the goals of the hab plan. This person negotiates with service providers and provides supportive case work to clients and their families. The case manager is responsible for monitoring clients in their homes or in residential facilities.

Reassessment of Client Needs. Both federal and state statutes require that Developmental Services revise each client's habilitation plan annually. This reassessment may be conducted by the case manager in consultation with the client or by the HPC. At least every three years, reassessment must be conducted by the HPC. Service providers are required to attend or send progress reports to the HPC.

Other Services Provided. In addition to referral, diagnosis and evaluation, and case-work services, Developmental Services clients and their families may receive any of the following services appropriate to their needs.

- Education, Training, and Therapy--These services include specialized training in the categories of self-care, pre-vocational, social, academic, daily living, communication, and motor skills. Occupational, speech, and recreation therapies may also be provided.

- Recreation--Planned and supervised activities are designed to: (1) help meet specific individual therapeutic needs in self-expression, social interaction, and entertainment; (2) develop skills

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2 years of experience in working with the retarded, or a bachelor's degree in a field other than social work and at least three years social work experience under the supervision of a qualified social worker and with specialized training and 2 years of experience in working with the retarded; (e) a physical or occupational therapist as defined in 20 CFR 405.1101(m) or (q) who has specialized training and 1 year of experience in treating the retarded; (f) a speech pathologist or audiologist as defined in 20 CFR 405. 1101(t) who has specialized training and 1 year of experience in treating the retarded; (g) a registered nurse who has specialized training and 2 years of experience in treating the retarded; (h) a therapeutic recreation specialist who is a graduate of an accredited program and who has specialized training and 1 year of experience in working with the retarded; (i) a rehabilitation counselor certified by the committee on Rehabilitation Counselor Certification who has specialized training and 1 year of experience in treating the retarded.

and interests leading to enjoyable and constructive use of leisure time; and, (3) improve the client's well-being.

- Parent Training--Training, counseling, and support services include parent training classes, regular individual home instruction, assessment of the needs and abilities of clients, individual plans, and continuing assistance.

- Respite Care Placement--Temporary 24-hour residential care for clients relieves the family or foster parent of stress caused by continuous management and supervision or by a sudden family crisis. Respite care must not exceed 30 consecutive days during any calendar year and may be provided either in the community or at a Sunland Center.

- Family Placement--Relatives or caretakers receive supplemental payments that allow clients to remain in, or return to, their homes.

- Medical and Dental Services--Medical, dental, and related services identified in a client's habilitation plan are provided.

- Transportation--Clients may receive transportation to and from service providers and community facilities or sources.

- Social Group Services--Group work and social, cultural, and leisure-time experiences help clients cope with personal problems, relieve various pressures, and develop more adequate functioning.

- Counseling--Clients and their families receive assistance in resolving social, health, or emotional problems.

- Escort Services--Clients are assisted in going to and from service providers.

- Health Support Services--Therapies and other care and assistance are used in training the client to develop self-sufficiency.

- Developmental Training--Infant stimulation, preschool programming, pre-vocational training, and related services are designed to develop skills a client needs to function independently.

- Residential Care--Residential placements, which vary in restrictiveness, include foster homes, group homes, habilitation centers, Intermediate Care Facilities for the Mentally Retarded, and Sunland Centers.

Continuum of Care. For all Developmental Services clients, the type of residence is a major factor. Because clients vary in their needs for training and care, Developmental Services uses the concept of a "continuum of care" to determine the appropriate residential setting for each client, a continuum that ranges from the least restrictive to the most restrictive.

The appropriate setting for an individual is determined by the client's needs for training and care and by the quality of services the client can receive there. Developmental Services defines "most restrictive" as "a setting with less freedom, more control over the client's activities" and "least restrictive" as "a setting with a great deal of independence with minimum control over the client's activities." Figure 4 describes the settings in the continuum of care in order, from the least to most restrictive.

FIGURE 4

DEVELOPMENTAL SERVICES CONTINUUM OF CARE

LOCATION	SUPPORT SERVICES AVAILABLE
OWN HOME	
A family or guardian arrangement. A client in this setting may live independently and receive few supportive services from Developmental Services. This setting is usually considered the least restrictive environment, although specific environments vary widely.	• Case management (by Developmental Services social worker) • Educational or training services • Respite care for the family • Therapies • Medical and dental care • Public education for school-aged clients provided by the local school district

FIGURE 4, CONTINUED

DEVELOPMENTAL SERVICES CONTINUUM OF CARE

LOCATION	SUPPORT SERVICES AVAILABLE
FOSTER HOME	
A family setting that provides support and care to the client. The facility and family (staff) are required to meet licensure standards. Foster home placement is recommended when the emotional development and physical care of the client requires the security of parent surrogates. A foster home can serve no more than 3 clients. It is considered the least-restrictive and most appropriate residential setting for all children under twelve who cannot remain in their own homes.	• Medical and dental care • Educational and training opportunities • Therapies • Recreational opportunities appropriate to the level of the client • Public education for school-aged clients provided by the local school system • Religious nurture as indicated by the client or guardian • Job-related training for adult clients
GROUP HOME	
A family-operated home serving from 4 to 8 children or adults, located in a setting where clients are integrated into the normal activities of the neighborhood or a facility with staff who provide a simulated family setting for 9 to 16 clients. The larger facility may be located in a typical residential setting or in a setting where multipurpose housing is found. Group homes meet clients' emotional and physical needs in a supportive family atmosphere that encourages peer identification, semi-independent living, and socialization.	• Medical and dental care • Educational and training opportunities • Therapies • Job-related training for adult clients • Recreational opportunities appropriate to the level of the client • Public education provided by the local school system for school-aged clients • Religious nurture as indicated by the client or guardian
RESIDENTIAL HABILITATION CENTER	
A community residential facility operated primarily for the diagnosis, treatment, or rehabilitation of clients. This facility provides a structured residential setting with continuing individualized evaluation,	• Medical and dental care • Educational and training opportunities • Therapies • Job-related training for adult clients

FIGURE 4, CONTINUED

DEVELOPMENTAL SERVICES CONTINUUM OF CARE

LOCATION	SUPPORT SERVICES AVAILABLE
planning, 24-hour supervision, and coordination and integration of health and rehabilitation services. Such a facility may not serve fewer than 17 clients.	• Recreational opportunities appropriate to the level of the client • Public education for school-aged clients provided by the local school system • Religious nurture as indicated by the client or guardian
COMMUNITY ICF/MR	
A residential facility with a maximum of 60 beds. The ICF/MR may be licensed to serve persons with varying degrees of physical and mental disabilities. A community ICF/MR is a private nonprofit or for-profit organization that must meet all state and federal regulations for ICF/MR facilities and for the developmentally disabled. The HRS Office of Licensure and Certification certifies and monitors all ICF/MR facilities in Florida. ICF/MR programs were developed to meet the residential and training needs of severely and profoundly retarded individuals. To be accepted by an ICF/MR, a client must meet financial and programmatic eligibility requirements; be eligible for Medicaid; have a specified degree of retardation or additional handicap; and need the level of care provided by the facility.	• Support services for clients in this program must be provided by the ICF/MR facility. No ICF/MR facility may accept clients for whom they cannot meet the needs identified on individual habilitation plans. • Public education for school-aged clients provided by the local school system
CLUSTER ICF/MR	
Three one-story homes grouped in one location, each with the capacity for serving 8 clients. Each residence is equipped and furnished to meet clients' needs in a home-like atmosphere. Florida's cluster facilities have been specifically designed to provide	•Support services for clients in this program must be provided by the ICF/MR facility. No ICF/MR facility may accept clients for whom it cannot meet the needs identified on individual hab plans. •Public education for school-aged

FIGURE 4, CONTINUED

DEVELOPMENTAL SERVICES CONTINUUM OF CARE

LOCATION	SUPPORT SERVICES AVAILABLE
alternative residential placement for mentally handicapped clients now living in the Orlando and Tallahassee Sunland centers. Individuals currently being transferred to cluster ICF/MRs are severely or profoundly handicapped and have multiple handicapping conditions. Cluster ICF/MRs must meet all federal and state regulations applicable to other ICF/MR facilities.	clients provided by the local school system
SUNLAND CENTER	
Large residential facilities that serve severely and profoundly mentally handicapped clients who are unable to live in less-restricted environments. The Sunlands in Miami, Marianna, Gainesville, and Ft. Myers are single-floor facilities that serve primarily ambulatory clients who do not generally require 24-hour medical supervision. These centers are currently being renamed under legislation passed in 1982.	• Psychological services • Medical and dental care • Training opportunities • Adult basic education (provided by HRS) • Therapies • Recreational opportunities appropriate to the level of the client • On-site case management • Religious nurture as indicated by client or guardian • Education for school-aged clients provided by public school system

The Emerging Role of ICF/MRs in Serving PMH Students

The ICF/MR program was created in 1972 with the passage of P.L. 92-223. A component of the medicaid program, it is designed to provide residential and habilitation services to retarded persons whose mental and physical handicaps require an intensive level of care and services. To receive ICF/MR placement, an individual must be eligible for medicaid, diagnosed as mentally retarded, and in need of the comprehensive habilitation services provided by ICF/MRs.

In its "Five Year Plan For Services" (1981), Developmental Services indentified as a major priority the deinstitutionalization of PMH clients residing in the Tallahassee and Orlando Sunland centers. To meet this objective, HRS is developing ICF/MR facilities throughout Florida. These facilities must meet stringent federal and state requirements for certification and operation; they are monitored annually by the HRS Office of Licensure and Certification.

ICF/MRs vary in size and the types of clients served. A facility licensed as a residential ICF/MR may have 60 or fewer beds in 15-bed living units. A larger facility licensed as an institutional ICF/MR may serve as many as 64 clients in 16-bed living units. Cluster ICF/MRs consist of 3 homes, each designed to serve 8 clients, grouped under a 24-bed license.

Cluster facilities now being developed will be the primary recipients of school-aged clients from Tallahassee and Orlando Sunland centers. The continuing transfer of school-aged clients to cluster facilities will have a significant effect on the school districts involved.[1] As cluster facilities are completed, local schools must prepare to serve additional PMH students with multiple handicapping conditions. To ensure a smooth transition for these students from institutional to community placement, local school systems must respond to their special needs. Federal and state ICF/MR regulations have created additional standards for client data collection, progress reporting, and service plan reviews. Because local schools will provide educational services to cluster clients, cluster facility staff may request school system cooperation in meeting ICF/MR standards for the care and training of these children.

School systems are free to determine the extent of such cooperation, and certain forms of coordination may not be feasible. For cluster clients to receive the maximum benefit from community placement, however, their educational and training programs must be mutually planned, coordinated, and complementary. Verbal and written agreements may both be needed. Thus, to the extent that local conditions permit, school district staff will want to cooperate with cluster staff just as they would with HRS residential facilities and private, nonprofit organizations that also serve PMH children in the school district.

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[1] Cluster facilities are currently operating in Orange, Duval, Pinellas, Palm Beach, and Leon school districts. Additional facilities are either under construction or planned for Escambia, Bay, Leon, Duval, Alachua, Pinellas, Martin, Hillsborough, Polk, Marion, Volusia, Lee, Broward, Columbia and Dade school districts.

CHAPTER 2

STATUTES, RULES, AND REGULATIONS AFFECTING SERVICE PLANS FOR PMH STUDENTS

School district and HRS personnel who participate in cooperative planning for the care and education of PMH students must take into account federal, state, and agency regulations that deal with the development and implementation of both IEPs and hab plans. Even though agency staffs may implement their service plans independently, they cannot approach cooperative service planning without first understanding the legal and regulatory bases for each plan. If service goals and objectives are to be integrated and compatible, both parties must be willing to learn about and adapt to the other's regulations and constraints.

To achieve such coordination, HRS districts, HRS residential facilities, and local school districts may need to reconsider--and revise--what may previously have been viewed as "iron-clad" and "unalterable" policies. An important first step is to determine whether such policies accurately reflect federal and state statutes. Sometimes, disagreements between agencies stem from individual and group interpretations of statutory requirements, rather than from the statutes themselves.

Local constraints, the problem of confidentiality, and the identification of surrogate parents have affected--and will continue to affect--some aspects of agency coordination. At the same time, however, the pertinent federal statutes and regulations and state statutes are compatible in a number of significant ways. Local school districts and HRS districts thus have the flexibility, the opportunity, and the responsibility to jointly plan coordinated programs that include common or complementary goals and mutually agreed on short-term objectives. Equally as important, few statutes and agency regulations prohibit local school systems and HRS districts from cooperating in planning and integrating services. For example, school and HRS personnel are free to:

1. share service plan documents with parental permission;
2. coordinate goals and objectives on service plans;
3. coordinate the ways in which goals and objectives are written;
4. coordinate time-lines for the accomplishment of goals and objectives;
5. coordinate annual review dates of service plans;
6. participate in each other's service plan reviews;
7. share evaluation results with parental permission;
8. share data gathered on PMH students with parental permission; and
9. coordinate the periodic reevaluation of PMH students.

The legal compatibilities outlined in this chapter should suggest a number of possibilities for interagency coordination that will not be hampered by legal constraints. In addition, chapter 4 outlines 4 alternative methods for joint planning that are not prohibited by either statutory mandates or agency regulations. Clearly, the essential ingredients of interagency coordination are a spirit of compromise and the shared goal of improving the services to PMH students. These ingredients are readily available to individuals within both agencies who want to see all PMH students reach their maximum potential.

In coordinating service plans and annual meetings to review and update these plans, staff members of school and HRS districts will need to understand federal and state statutes and rules of the Florida Administrative Code (FAC) dealing with:

1. service plan documents;

2. required meetings to develop and review service plan documents;

3. reevaluation of students or clients; and

4. required participants in service plan reviews.

Legal Bases for Service Plans

Both the federal government and the state of Florida require that each state agency providing services to exceptional students and to developmentally disabled individuals develop written plans for service implementation. In Florida, these service plans are the school system's Individual Educational Plan (IEP) required by SBER 6A-6.331 and P.L. 94-142[1] and HRS' habilitation (hab) plan, required by Chapter 393, F.S. and P.L. 95-602. Federal regulations for ICF/MRs also require a "written plan of care" [Federal Interpretive Guidelines for 45 CFR 249.13]. In addressing service plans for ICF/MRs in Florida, Chapter 10D-38, FAC indicates that all ICF/MR clients must have both a hab plan and an Active Treatment Plan (ATP). PMH students who receive only public school services have one legally required service plan--the IEP. PMH students who are also HRS Developmental Services clients have two--a school system IEP and an HRS hab plan; and PMH students living in ICF/MRs have three--a school system IEP, and HRS hab plan, and an ICF/MR ATP. Figure 5 illustrates federal and state requirements for service plans and how those requirements translate into public school, HRS, and ICF/MR documents.

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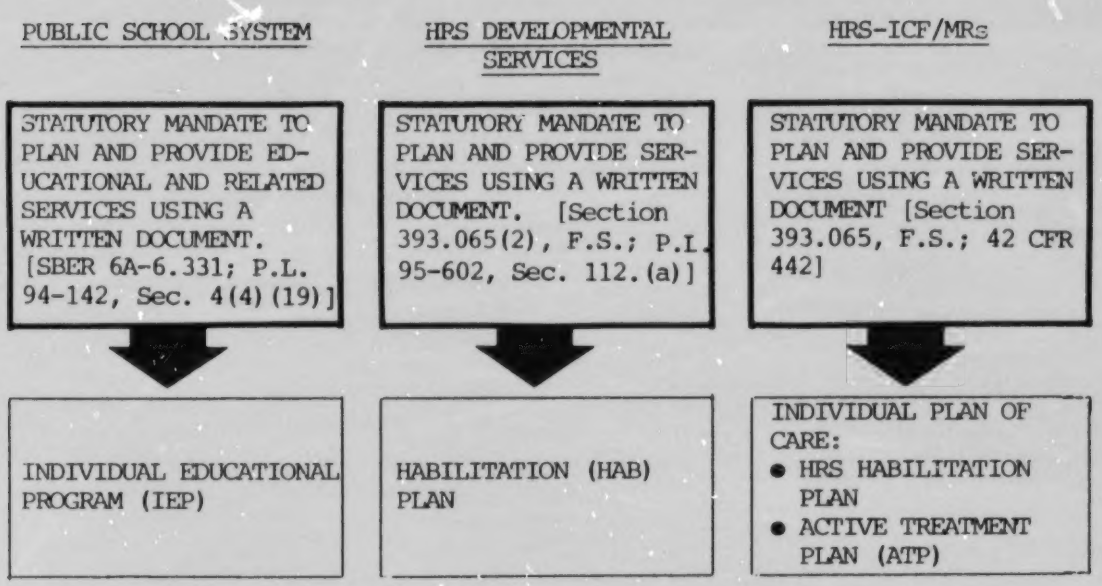
[1]As noted in Chapter 1, HRS also develops IEPs for PMH clients ages 0-5 and 19-21 who are not served by local school districts, as required by Chapter 6A-15, FAC.

FIGURE 5

STATUTORY REQUIREMENTS FOR SERVICE PLANS


PUBLIC SCHOOL SYSTEM
HRS DEVELOPMENTAL SERVICES
HRS-ICF/MRs
STATUTORY MANDATE TO PLAN AND PROVIDE EDUCATIONAL AND RELATED SERVICES USING A WRITTEN DOCUMENT. [SBER 6A-6.331; P.L. 94-142, Sec. 4(4)(19)]
STATUTORY MANDATE TO PLAN AND PROVIDE SERVICES USING A WRITTEN DOCUMENT. [Section 393.065(2), F.S.; P.L. 95-602, Sec. 112.(a)]
STATUTORY MANDATE TO PLAN AND PROVIDE SERVICES USING A WRITTEN DOCUMENT [Section 393.065, F.S.; 42 CFR 442]
INDIVIDUAL EDUCATIONAL PROGRAM (IEP)
HABILITATION (HAB) PLAN
INDIVIDUAL PLAN OF CARE:
• HRS HABILITATION PLAN
• ACTIVE TREATMENT PLAN (ATP)

Legal Bases for IEPs. Most educators of PMH students are aware that P.L. 94-142 provides the statutory basis for the development of IEPs. The law defines an Individualized Education Program thus [8.4(4)(19)]:

> The term "individualized education program" means a written statement for each handicapped child developed in any meeting by a representative of the local educational agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of handicapped children, the teacher, the parents or guardian of such child, and, whenever appropriate, such child, which statement shall include (A) a statement of the present levels of educational performance of such child, (B) a statement of annual goals, including short-term instructional objectives, (C) a statement of the specific educational services to be provided to such child, and the extent to which such child will be able to participate in regular education programs, (D) the projected date for initiation and anticipated duration of such services, and appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved.

The federal mandate is reflected in Florida State Board of Education Administrative Rule 6A-6, which requires each school district to develop IEPs for

exceptional students that meet the criteria in P.L. 94-142 [SBER 6A-6.331(3)].

> Each district shall develop an individual educational plan for each exceptional student. (a) An individual educational plan consists of written statements including:
> (1) A statement of the student's present levels of educational performance;
> (2) A statement of annual goals, including short-term instructional objectives;
> (3) A statement of the specific special education and related services to be provided to the student and the extent to which the student will be able to participate in regular educational programs;
> (4) The projected dates for initiation of services and the anticipated duration of services; and
> (5) Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short-term objectives are being achieved.

These legal mandates have led the Bureau of Education for Exceptional Students, Florida Department of Education to develop written guidelines for school districts to use in developing IEPs[2] and audit districts' compliance with the statutes and State Board of Education Rules. Provided that district school boards include the key elements identified in these regulations, they may determine the exact IEP format they will use.

Legal Bases for Hab Plans. The comparable legal basis for HRS Developmental Services hab plans is P.L. 95-602, which requires each state receiving federal funds to provide developmentally disabled persons (a category that includes the profoundly mentally handicapped) with written hab plans that state the long-term habilitation goals, the intermediate habilitation objectives, and the specific services to be provided for each client. The specifications in P.L. 95-602 appear as follows:

> SEC.112.(a) The Secretary shall require as a condition to a State's receiving an allotment under part C that the State provide the Secretary satisfactory assurances that each program (including programs for any agency, facility, or project) which receives funds from the State's allotment under such part (1) has in effect for each developmentally disabled person who receives services from or under the program a habilitation plan meeting the requirements of subsection (b), and (2) provides for an annual review,

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[2] See A Resource Manual For the Development and Evaluation of Special Programs for Exceptional Students: Vol. III-A Individual Educational Programs, Florida Department of Education.

in accordance with subsection (c), of each such plan.

(b) A habilitation plan for a person with developmental disabilities shall meet the following requirements:

(1) The plan shall be in writing.

(2) The plan shall be developed jointly by (A) a representative or representatives of the program primarily responsible for delivering or coordinating the delivery of services to the person for whom the plan is established, (B) such person, and (C) where appropriate, such person's parents or guardian or other representative.

(3) The plan shall contain a statement of the long-term habilitation goals for the person and the intermediate habilitation objectives relating to the attainments of such goals. Such objectives shall be stated specifically and in sequence and shall be expressed in behavioral or other terms that provide measurable indices of progress. The plan shall (A) describe how the objectives will be achieved and the barriers that might interfere with the achievement of them, (B) state objective criteria and an evaluation procedure and schedule for determining whether such objectives and goals are being achieved, and (C) provide for a program coordinator who will be responsible for the implementation of the plan.

(4) The plan shall contain a statement (in readily understandable form) of specific habilitation services to be provided, shall identify each agency which will deliver such services, shall describe the personnel (and their qualifications) necessary for the provision of such services, and shall specify the date of the initation of each service to be provided and the anticipated duration of each such service.

(5) The plan shall specify the role and objectives of all parties to the implementation of the plan.

Florida statutes for hab plans preceded the federal statutes by several years, and amendments to Chapter 393 brought the state regulations already in force into compliance with P.L. 95-602. Chapter 393, F.S. assigns the following responsibilities to HRS [S. 393.065(2)].

The department [HRS] shall prescribe and provide an appropriate individual habilitation plan for each client. The parent or guardian of the client or, if competent, the client shall be consulted in the development of the plan and shall receive a copy of the plan. Each plan shall include the most cost-beneficial, least restrictive environment for accomplishment of the

> objectives for client progress and a specification of all services authorized. The plan shall include provisions for the most appropriate level of care for the client. Within the specification of needs and services for each client, when residential care is necessary, the department shall move toward placement of clients in residential facilities based within the client's community. The ultimate goal of each plan, whenever possible, shall be to enable the client to live a dignified life in the least restrictive setting, be that in the home or in the community. (a) The department shall develop and prescribe by rule a standard habilitation plan form. This form shall be used by each district.

The final mandate in this section of Chapter 393, to "prescribe by rule a standard habilitation plan form" is futher detailed by Chapter 10F-3 of the Florida Administrative Code, which prescribes the content and format of the hab plan to be used by all HRS districts. Chapter 10F-3 lists the skill areas or measurement categories needed for each client and divides them into three sections [10F-3.12(7)(e)]:

SECTION A	SECTION B
Psychological	Basic Academic Skills
Psychosocial	Self-Care Skills
Medical	Daily Living Skills
Dental	Human Growth and Development
Nursing	Communication Skills
Physical Therapy	Social Skills
Occupational Therapy	Motor Skills
Recreation Skills	Job-related Skills
Therapeutic Visits	Recreation Skills
Long Range Optimal Plan	

SECTION C

Ability to Give Express and Informed Consent
Least Restrictive Environments in Which Above Services may be Rendered
Justification of Residential Setting

Section (7)(e) 7 also states:

> In cases where a particular category or groups of categories are determined by discussion to be relevant to the client's habilitation plan, but it is decided that the Retardation Program[3] is not responsible for providing services of the particular category or group of categories to the

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[3]Now the Developmental Services Program.

> particular client, the relevant categories shall be entered on the plan accompanied by a statement that explains why it is not appropriate for the Retardation Program to provide goals or authorize services in that category or categories.

Finally, these requirements are further expanded in HRS manual 160-2, Client Services, developed by HRS to record policies and standards for implementing services to Developmental Services clients. The manual, which is reviewed and approved by HRS Legal Services before it is distributed for use, includes an interpretation of legal requirements. It defines a hab plan as follows in paragraph 4-5:

> A habilitation plan is an individualized prescriptive plan written by the Developmental Services Program. The purpose of the habilitation plan is to identify client needs and authorize the expenditure of state funds for the provision of services. The habilitation plan tells what is to be done. In developing a habilitation plan, the client's present level of functioning or development in each applicable program or service area is described. In each program area, goals written in measurable terms identify the performance level to be obtained or maintained by the client over the duration of the habilitation plan.

To ensure that record keeping is consistent and in compliance with federal and state regulations, HRS also requires the use of a standardized hab plan format, HRS-DS form 3033. The manual thus states in paragraph 4-5 that "only HRS-DS Form 3033 or identical format when word processors are used, may be used for habilitation plans in the Developmental Services Program." Following paragraph 4-5 is detailed information to be included in each of the hab plan's four sections.

Legal bases for ICF/MR service plans. For ICF/MRs, federal regulations also mandate written service plans that are similar in concept to hab plans. The Code of Federal Regulations regarding Medicaid [42 CFR 442.418(b)(1)] states:

> The [interdisciplinary] team must--
> (1) Conduct a comprehensive evaluation of the individual covering physical, emotional, social, and cognitive factors; and
> (2) Before the individual's admission-
> (i) Define his need for service without regard to the availability of services; and
> (ii) Review all available and applicable programs of care, treatment, and training and record its findings.

Under the heading "Training and Habilitation Services" [42 CFR 442.463], the regulations state:

> (a) The ICF/MR must provide training and habilitation services to all residents, regardless of age,

degree of retardation, or accompanying disabilities or handicaps.

(b) Individual evaluations of residents must--

(1) Be based upon the use of empirically reliable and valid instruments, whenever these instruments are available; and
(2) Provide the basis for prescribing an appropriate program of training experiences for the resident.

(c) The ICF/MR must have written training and habilitation objectives for each resident that are--

(1) Based upon complete and relevant diagnostic and prognostic data; and

(2) Stated in specific behavioral terms that permit the progress of each resident to be assessed.

(d) The ICF/MR must provide evidence of services designed to meet the training and habilitation objectives for each resident.

(e) The training and habilitation staff must--

(1) maintain a functional training and habilitation record for each resident; and

(2) provide training and habilitation services to residents with hearing, vision, perceptual, or motor impairments.

The Interpretive Guidelines for 45 CFR 249.13 interpret these and other standards and include survey procedures for federal monitors of ICF/MRs. The introduction to these guidelines states:

> The ICF/MR standards take into account the widely varying needs of the mentally retarded and persons with related conditions which have been defined to include those with cerebral palsy and epilepsy. The goal of the special standards is to assure that the IMR [Institution for the Mentally Retarded and Persons with Related Conditions] provides a range of services adequate to develop maximum independent living capabilities of its residents in order to return them to the community at the earliest possible time. To further assure that the mentally retarded receive the services they need, Congress stipulated that each resident must receive <u>active treatment</u> to be eligible for Medicaid support.

Standard 249.10(d)(1)(v) defines active treatment and describes the "plan of care" needed for each client:

> Active treatment means:
>
> (A) An individual "plan of care" which is a written plan setting forth measurable goals or behaviorally stated objectives and prescribing an integrated program of individually designed activities, experiences or therapies necessary to achieve such goals or objectives. The overall objective of the plan is to attain or maintain the optimal physical, intellectual, social, or vocational functioning of which the individual is presently or potentially capable.
>
> The corresponding guideline states:
>
> A "plan of care" must be written for each resident and include both short and long range goals which can be measured in terms of the individual's habilitation and progression from dependent to independent functioning. The goals should reflect both specific results to be accomplished and the general level of functioning to be reached by the resident. Estimates should be made of the length of time needed to accomplish the various goals.

In Florida, these and other federal regulations have served as the basis for the development of rules for licensure and certification of ICF/MRs. Appearing as Chapter 10D-38 of the Florida Administrative Code, these rules took effect on December 1, 1978 and were revised in 1982. In the Florida regulations, the federally used term "individual 'plan of care'" becomes two separate documents: the HRS hab plan and the Active Treatment Plan. Chapter 10D-38 defines the plans thus:

> Habilitation Plan--A plan for providing programs and services to a client based on a joint interdisciplinary, professional diagnosis and evaluation consisting of, at least, a complete medical, social, and psychological assessment as well as any additional assessment as appropriate. The habilitation plan sets forth the behavioral goals which are to be achieved by the client over a 12 month period and provides the basis for the development of the short-term objectives which will constitute the client's Active Treatment Plan. [10D-38.02 (22)]
>
> Active Treatment Plan--A single document, individually written plan of care developed by an interdisciplinary team. The Active Treatment Plan should be a prioritization of needs identified on

> the client's Habilitation Plan, which sets forth measurable and behaviorally stated short-term objectives to be reviewed monthly and revised, accordingly, by each service provider. It is not necessary for all areas of the Habilitation Plan to be addressed simultaneously. However, each goal must be addressed within the twelve-month time frame of the Habilitation Plan. Revisions should be based on the collection of data and progress reports. The Active Treatment Plan prescribes an integrated program of individually designed activities, experiences, or therapies necessary to achieve the stated short-term objectives. [10D-38.02(1)]

Later, Chapter 10D-38 addresses the training and habilitation services each client is to receive and defines these services as "deliberate attempts to facilitate the intellectual, sensorimotor, and effective [sic] development of the individual" [10D-38.16(1)]. Continuing, it states [10D-38.16(3)]:

> Training and habilitation services available to the facility should include:
> (a) Establishment and implementation of active treatment programs providing:
> (1) Continuous evaluation and assessment of the individual;
> (2) Programming for the individual;
> (3) Instruction of individuals and groups;
> (4) Evaluation and improvement of instructional programs and procedures.

Similarities Among Statutory Requirements

A comparison of these federal and state laws and regulations shows a number of similarities between the requirements for public school and HRS service plans. Each agency, for example, must develop a written service plan with similar elements. Local school districts, HRS districts, HRS residential facilities, and ICF/MRs use their respective plans as management tools to specify the student or client services they are responsible for. Differences in the documents reflect the differences in services that each agency is legally required to provide. HRS hab plans must address all services that a client needs. For school-aged clients enrolled in public school programs, hab plans also include those educational services. Similarly, state and federal laws require that Florida's local school districts address the total educational and related services a student is to receive. The IEP acts to provide written documentation of this planning and service provision. Figure 6 lists the legal bases for service plans and describes the components required for each plan.

FIGURE 6

LEGAL BASES FOR INDIVIDUAL SERVICE PLANS

PUBLIC SCHOOL SYSTEM

STATUTORY MANDATE TO PLAN AND PROVIDE EDUCATIONAL AND RELATED SERVICES USING A WRITTEN DOCUMENT [SBER CA-6.331; P.L. 94-142]

IEP

ADDRESSES EDUCATIONAL AND RELATED SERVICES. DOCUMENT MUST INCLUDE:

- Statement of the student's present levels of educational performance
- statement of annual goals and short-term instructional objectives
- Statement of specific educational and related services to be provided
- Projected date for initiation and anticipated duration of such services
- Objective criteria and evaluation procedures and schedules

IEP formats vary from school district to school district.

HRS DEVELOPMENTAL SERVICES

STATUTORY MANDATE TO PLAN AND PROVIDE SERVICES USING A WRITTEN DOCUMENT [S.393.065, F.S.; P.L. 95-602]

HABILITATION PLAN

ADDRESSES TOTAL CLIENT SERVICES. SECTION 393.065, F.S. REQUIRES THE USE OF A STANDARD HABILITATION PLAN FORMAT. THE DOCUMENT MUST INCLUDE STATEMENTS OF:

- Long-term habilitation goals* and intermediate habilitation objectives stated in behavioral or other terms that provide measurable indices of progress [P.L. 95-602]
- Specific habilitative services to be provided [P.L. 95-602; S.393.065, F.S.]
- The most cost beneficial, least restrictive environment for accomplishment of the objectives for client progress [S.393.065.F.S.]
- Specification of all services authorized [S.393.065, F.S.]

*Chapter 10F-3, FAC states that a goal should indicate the level of functioning to be attained by a client within one year.

HRS ICF/MRS

STATUTORY MANDATE TO PLAN AND PROVIDE SERVICES USING A WRITTEN DOCUMENT [42 CFR 442.400, SUBPART G; INTERPRETIVE GUIDELINES FOR 45 CFR 249.13]

INDIVIDUAL PLAN OF CARE*

ADDRESSES TOTAL CLIENT SERVICES. THE DOCUMENT(S) MUST INCLUDE:

- Measurable goals of behaviorally stated objectives
- A prescription of an integrated program of individually designed activities, experiences, or therapies

*ICF/MRs in Florida use the HRS Developmental Services habilitation plan and the ICF/MR Active Treatment Plan to fulfill federal requirements.

Some of the required components of these service plans are the same. For example, each must include:

1. long-term goals (Both HRS and the DOE define "long-term" as "annual.");

2. short-term objectives (included on the ATP, IEP, or IPP when developed by HRS);

3. specific services to be provided; and

4. a time-line for the accomplishment of goals and objectives.

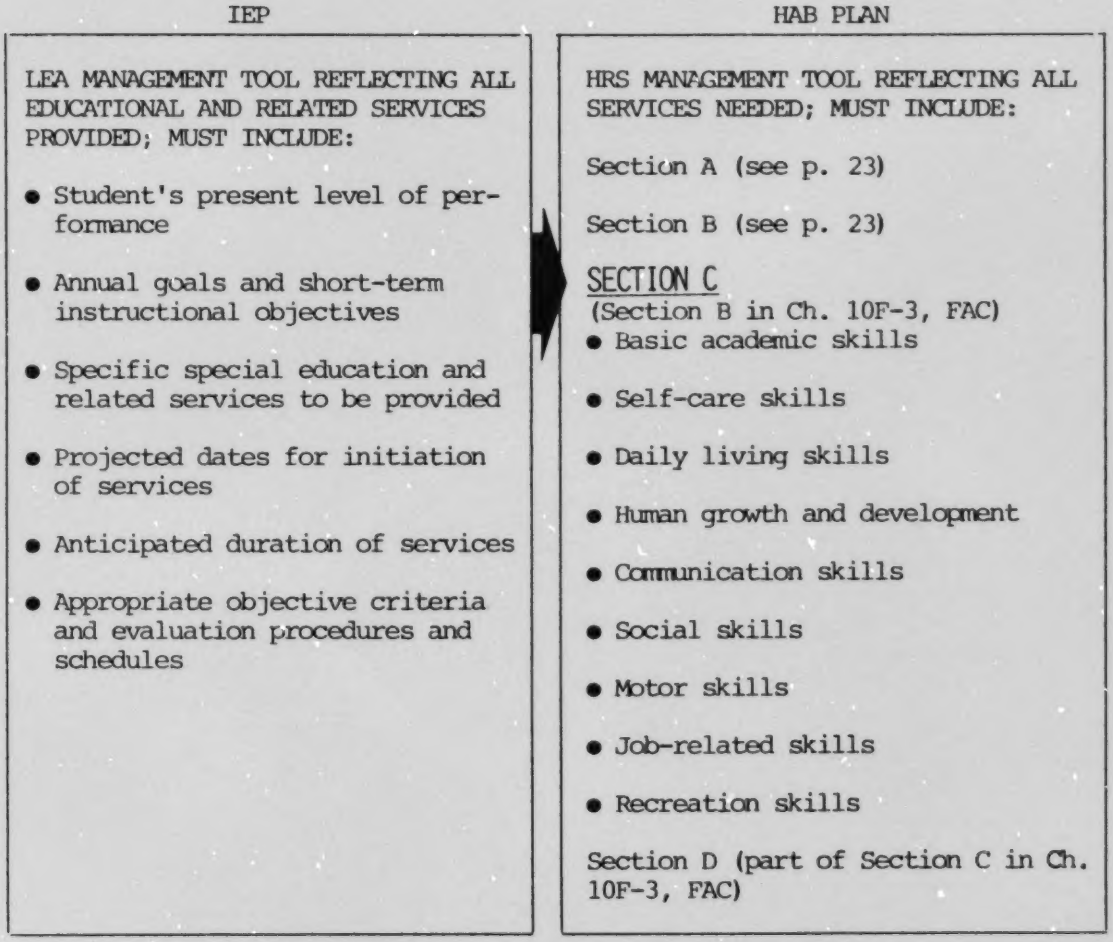
Statutory compatibility alone does not, however, bring about integrated planning and services. Neither federal nor state laws require that service plans for PMH students receiving services from several agencies be developed jointly. The Florida Administrative Code does, however, mandate joint participation in specific instances of placement and transfer. For example, in addressing HRS educational programs for the handicapped, SBER 6A-15 states:

> When the placement decision involves the consideration of least restrictive educational environments which the school system can provide, the school district exceptional student education administrator or designee shall be requested to attend the staffing committee meeting. [6A-15.14(2)(c)]
>
> When the admissions committees of Mental Health or Retardation residential care facilities consider the placement of exceptional students in Mental Health hospitals or Sunland Centers, the school district exceptional student education administrator in the county where the residential facility is located shall be invited to attend the residential placement meeting and shall be invited to participate in the decision regarding the residential placement of the exceptional student. [6A-15.15(1)
>
> When Mental Health, Retardation or Social and Economic Services residential placement committees meet to discuss and recommend placement of an exceptional student in a private residential facility, the school district exceptional student education administrator or designee in the student's home county shall attend the meeting and participate in the decision regarding the residential placement of the student [6A-15.15(2)]
>
> The reasons for a recommendation for placement in the residential facilities described in (1) and (2) above shall be documented jointly be Department [HRS] and the school district representative. [6A-15.15(3)]

Typically, school and HRS districts independently develop and use their respective plans. Both use the documents to ensure that an organized program of services is provided and to authorize the disbursement of funds or other resources. HRS generally uses the school system's IEPs to represent Section C of the hab plan for school-aged clients, except for those residing in ICF/MRs. Figure 7 illustrates this use.

FIGURE 7

RELATIONSHIP OF THE IEP TO THE HAB PLAN


IEP
LEA MANAGEMENT TOOL REFLECTING ALL EDUCATIONAL AND RELATED SERVICES PROVIDED; MUST INCLUDE:
• Student's present level of performance
• Annual goals and short-term instructional objectives
• Specific special education and related services to be provided
• Projected dates for initiation of services
• Anticipated duration of services
• Appropriate objective criteria and evaluation procedures and schedules
HAB PLAN
HRS MANAGEMENT TOOL REFLECTING ALL SERVICES NEEDED; MUST INCLUDE:
Section A (see p. 23)
Section B (see p. 23)
SECTION C
(Section B in Ch. 10F-3, FAC)
• Basic academic skills
• Self-care skills
• Daily living skills
• Human growth and development
• Communication skills
• Social skills
• Motor skills
• Job-related skills
• Recreation skills
Section D (part of Section C in Ch. 10F-3, FAC)

As figure 7 shows, elements of the two plans are related. This relationship implies coordinated planning and compatible long-range goals and short-term objectives. To ensure that PMH students receive integrated and compatible services, school district and HRS staffs must develop service plans that include complementary and reinforcing goals and objectives. Alternative methods for achieving this coordination are outlined in Chapter 4 of this manual.

Legal Bases For Service Plan Reviews

Federal and state laws also require annual reviews of service plans. For IEPs, P.L. 94-142 [§. 6.14(a)(5)] states:

> ". . . that the local educational agency or intermediate educational unit will establish, or revise, whichever is appropriate, an individualized education program for each handicapped child at the beginning of each school year and will then review and, if appropriate revise, its provisions periodically, but not less than annually."

SBER 6A-6.331(3) reiterates this requirement:

> (b) An individual educational plan which has been reviewed and revised, if appropriate, within the past year, must be in effect at the beginning of each school year for each exceptional student continuing in a special program. For new exceptional students assigned to a special program, an individual educational plan must be developed in conjunction with the assignment to a special program.
> (c) Meetings shall be held to develop, review, and revise an exceptional student's individual educational plan, (1) A meeting shall be held at least once a year to review each exceptional student's individual educational plan and, as appropriate, revise its provisions.

Finally, the DOE supplements these requirements by establishing standards for IEP annual review and revision. A Resource Manual For the Development and Evaluation of Special Programs for Exceptional Students: Vol III-A Individual Educational Programs, states (p.42):

> At least once each calendar year, the IEP must be reviewed. The annual review meetings may be held at any time throughout the year, including (a) at the end of each school year, (b) during the summer before the new school year begins, or (c) on the anniversary date of the student's last IEP meeting.

Public law 95-602 establishes a similar requirement for annual review of HRS' habilitation plans [§. 112.(c)]:

> Each habilitation plan shall be reviewed at least annually by the agency primarily responsible for the delivery of services to the person for whom the plan was established or responsible for the coordination of the delivery of services to such person. In the course of the review, such person and the person's parents or guardian or other representative shall be given an opportunity to review such plan and to participate in its revision.

Chapter 393, F.S. goes a step further by requiring HRS to review clients' pro-

gress every six months. The statute states [S. 393.065(2)(e)]:

> The department [HRS] shall review progress in achieving the objectives specified in each client's habilitation plan, at least semiannually, and shall revise the plan annually, following consultation with the client, if competent, or with the parent or guardian of the client. The department shall annually report in writing to the client, if competent, or the parent or guardian of the client with respect to the client's habilitative and medical progress.

Under the heading "Client Status and Annual Reassessment," Chapter 10F-3, FAC [S. 3.14(1)] continues:

> At least annually the habilitation plan committee shall reassess and update the habilitation plan.

HRS manual 160-2, Client Services, devotes a chapter to reassessment and, in section 5-3, states:

> Each year, in the month of the habilitation plan date, the plan must be reviewed in consultation between the social worker and the client/guardian, if the projected reassessment date is in a subsequent year. The purpose of this review is to determine if the current habilitation plan requires revisions (addenda).
>
> (a) In preparation for this review the social worker must gather annual reports from all service providers. Reports from Developmental Training Programs must contain the results of annual assessments. A summary of assessments and goals which correspond to needs identified through the assessments should also be submitted on the HRS-DS Form 3033, Page(s) C.

For ICF/MRs, the Code of Federal Regulations [42 CFR 442.400, Subpart G] requires annual review of service plans and annual updating based on new evaluations. In the section entitled "Annual review of resident's status," the following statement appears [S. 442.422(a)]:

> All relevant personnel of the ICF/MR, including personnel in the living unit, must jointly review the status of each resident at least once a year and produce program recommendations.

The same federal regulations also state that each client's evaluation and program plans shall be "reviewed by a member or members of an interdisciplinary professional team at least monthly with documentation of the review entered in the resident's record" [42 CFR 442.434(b)].

In addressing planning and evaluation, the federal regulations also state [S. 442.456]:

> Interdisciplinary teams consisting of individuals representative of the professions or service areas included in this subpart that are relevant in each particular case, must--
>
> (a) Evaluate each resident's needs;
> (b) Plan an individualized habilitation program to meet each resident's identified needs; and
> (c) Periodically review each resident's responses to his program and revise the program accordingly.

Chapter 10D-38, FAC, which governs the licensing and certification of ICF/MRs in Florida, reiterates this requirement [10D-38.15(3)]:

> Programs and services and the pattern of staff organization and function within the facility shall be focused upon serving the individual needs of clients and shall provide for:
> (a) Comprehensive diagnosis and evaluation of each client as a basis for planning programming and management
> (b) Design and implementation of an individualized habilitation program to effectively meet the needs of each client.
> (c) monthly review, evaluation and revision by a member or members of an interdisciplinary team.
>
> 1. All client programs including monthly progress reports and necessary revisions, as submitted by each service provider, must be reviewed each month by the QMRP.
>
> 2. All client programs must be jointly reviewed at least quarterly by the QMRP and a core team consisting of, but not limited to, Social Services, Behavioral staff, Medical (as represented by the Registered Nurse), and direct care personnel responsible for the care and development of the client. This will serve as the quarterly review as required by 42 CFR 456.380(c).
>
> 3. The QMRP is responsible for the monthly and quarterly Active Treatment Plan review process and may require the involvement of other personnel as he/she deems necessary.

The statutes, rules, and regulations that require annual service plan reviews are essentially the same for local school systems, HRS districts, and ICF/MRs. Differences appear in the requirements for semi-annual review of HRS habilitation plans and for quarterly and monthly reviews of ICF/MR written plans. The similarities and differences in requirements are represented in Figure 8.

FIGURE 8

LEGAL REQUIREMENTS FOR SERVICE PLAN REVIEWS

REQUIREMENT	SCHOOL SYSTEM	HRS	HRS-ICF/MR
Annual Review (or more frequently, as appropriate)	X (Any time during the calendar year or at anniversary date of IEP. IEPs must be in effect at the beginning of each school year.)	X (Before or at anniversary date of client's admittance.	X (Before or at anniversary date of client's admission)
Semi-annual Review		X (By HRS social worker)	
Quarterly Review			X (By an interdisciplinary team)
Monthly Review			X (By a member or members of an interdisciplinary team)

As Figure 8 shows, school systems and HRS are legally required to review their service plans at least annually. HRS personnel must also conduct more frequent reviews, but these typically do not include school system representatives. The common requirement for annual reviews, however, enables local school systems, HRS facilities or districts, and ICF/MRs to coordinate these meetings if they choose. For example, IEPs must be in effect at the beginning of each school year, but statutes and regulations do not specify that these be done at a particular time, such as May and June of the preceding school year. Both IEP and hab plan annual reviews may precede the anniversary dates of these documents. Thus, the laws allow a local school district and an HRS residential facility to coordinate dates of reviews to allow attendance by both staffs and joint development of services.

Legal Bases for Student and Client Reevaluation

Local school systems, HRS, and ICF/MRs are also required to periodically "re-evaluate" or "reassess" all PMH students or clients. SBER 6A-6.331(c) states that school districts should conduct these reevaluations at least every three

years, or more frequently if conditions warrant.

In providing guidelines to local school systems, the DOE's Bureau of Education for Exceptional Students reiterates the statutory requirements [A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-A: Individual Education Programs, p. 42]:

> Each three years the student must be re-evaluated. As a result of the re-evaluation, the IEP may need to be completely revised. Revisions may include changes in exceptional student program assignment and related services.

For HRS Developmental Services clients, Chapter 10F-3, FAC, does not specify to what extent the client is to be reassessed. Under the Section "Client Status and Annual Reassessment" [10F-3.14] the following statement appears:

> (2) When indicated, the habilitation plan committee shall request updated diagnostic and evaluative (D&E) information and suspend the formulation of the habilitation plan until such information is obtained.

This statement seems to imply that clients are to be reevaluated on an individual basis, if the committee determines it necessary. HRS manual 160-2 defines "reassessment" as "a process which periodically develops, through semi-annual review and annual revision of a client's habilitation plan, a knowledgeable statement of current needs and past development for each client" [HRSM 160-2 5-1.a]. Again, this definition does not directly address client reassessment. Further in the same chapter, however, the manual states that in preparation for annual reassessments, social workers must obtain annual reports from all service providers and that "reports from Developmental Training Programs must contain the results of annual assessments [5-3.a]." HRS program standards require that service providers conduct their own annual assessments and report the results of these assessments to the social workers responsible for annual hab plan reviews. For three-year reassessments of hab plans, social workers must also obtain reports from all service providers and update clients' psychosocial assessments [4-4.a(1)(2)].

Chapter 6A-15, FAC requires HRS to conduct a comprehensive reevaluation of each exceptional student at least every three years. The rule states [6A-15.14(1)(c)(2)(d)]:

> The Department shall provide a comprehensive reevaluation of each exceptional student at least every three (3) years, or more frequently if parent requires, if conditions warrant, or if Department agency rules specify a more stringent frequency; provided however, a medical examination shall be performed annually, as prescribed in Rules 6A-15.02 and 6A-15.06, FAC.

Federal regulations for ICF/MRs [42 CFR 442] specify that each resident be reevaluated annually. In defining "active treatment," standard 42 CFR 435. 1009 indicates:

> Re-evaluation medically, socially, and psychologically at least annually by the staff involved in carrying out the resident's individual plan of care, including review of the individual's progress toward meeting the plan objectives, the appropriateness of the individual plan of care, assessment of continuing need for institutional care, and consideration of alternate methods of care...

The interpretive guideline for this standard reads:

> The ICF-MR staff and outside professional team members who work with each resident must reassess the resident's program progress, and need for continued institutionalization. This must be done annually or at more frequent intervals if the resident's progress (or failure to progress) indicates a need for reevaluation.

Chapter 10D-38 of the Florida Administrative Code expands these requirements [10D-38.16(5)]:

> Individual evaluations of clients shall:
> (a) Commence within 90 days prior to the client's admission to the ICF/MR;
> (b) Be conducted at least annually;
> (c) Be based upon the use of reliable, written and valid instruments whenever such tools are available. If not available, the facility has the responsibility to develop reasonable assessments.
> (d) Provide the basis for prescribing an appropriate program of learning experiences for the client.

For school systems and HRS districts, these statutory and agency requirements suggest the possibility of cooperative planning and sharing of evaluations. Because these reevaluations are used to develop new service plans, both agency personnel and PMH students should benefit from a coordination of evaluation instruments and activities and the sharing of evaluation results. The statutes and rules do not clearly define what constitutes reevaluation and reassessment, and school systems and

HRS variously interpret these terms. These differences in interpretations have resulted in different approaches to reevaluation and sometimes, in misunderstandings. Both the statutes and agency requirements allow school districts and HRS to reevaluate PMH students cooperatively, however. For example, although chapter 10F-3, FAC lists intellectual assessment instruments to be used in initial HRS evaluations of potential clients, it does not require that these same instruments be used for subsequent assessments. HRS manual 160-2 states [3-2.c.(1)(b)]:

> For purposes other than eligibility determination, any test may be used that professional judgment dictates, including intellectual assessment instruments not in the above list.[4]

HRS regulations thus allow HRS personnel to choose from other assessment instruments for their annual hab plan reviews. In discussing the Evaluation/Goal pages of the habilitation plan form, the same manual states [4-5.b(1)]:

> In the left hand column, the assessment tool used and the applicant/client's present level of functioning are stated in readily understood terms. "Assessment tool" in this context means a written procedure, a test, a behavioral inventory, a developmental checklist, an interview questionnaire, etc. The main criterion of an assessment tool in this context is that the method used to determine the client's present level of functioning should be able to be repeated to demonstrate progress or lack of it.

Only for ICF/MRs, whose regulations require new batteries of evaluations every year, does the coordination of assessments present a problem. Staff members of these facilities, however, recognize the differences between their requirements and those of local school districts and are prepared to meet federal and state requirements for evaluation that exceed those required of local school districts and other HRS facilities. School districts that do administer new batteries of tests annually may want to take advantage of the opportunity to coordinate evaluation activities with ICF/MRs located in those districts. Figure 9 summarizes the similarities and differences among the requirements for reevaluation of students/clients.

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[4] With the exception of one assessment instrument, the Perkins-Binet Test of Intelligence for the Blind and Visually Impaired, 1978, the list appearing in Client Services is the same as that in Chapter 10F-3, FAC: Stanford Binet Form LM; Wechsler Adult Intelligence Scale; Wechsler Intelligence Scale for Children--revised; Wechsler Preschool and Primary Scale of Intelligence; Bayley Scales of Infant Development; Cattell Infant Intelligence Scale; Columbia Mental Maturity Scale; McCarthy Scales of Children's Abilities; Leiter International Performance Scale; Haptic Intelligence Scale for the Adult Blind; Hiskey-Nebraska Test of Learning Aptitude (for the deaf).

FIGURE 9

REQUIREMENTS FOR STUDENT AND CLIENT REEVALUATION

PUBLIC SCHOOLS	HRS DEVELOPMENTAL SERVICES	HRS ICF/MRs
REEVALUATION OF EACH EXCEPTIONAL STUDENT AT LEAST EVERY THREE YEARS SBER 6A-6.331(c) The district shall provide a reevaluation of each exceptional student at least every three (3) years, or more frequently if conditions warrant; provided, however, a medical examination shall be performed annually, as prescribed in Rule 6A-6.3015(3)(d), FAC. P.L. 94-142 § 121 a. 534 Reevaluation. Each State and local educational agency shall insure: (a) That each handicapped child's individualized education program is reviewed in accordance with § 121 a. 340-121 a. 349 of Subpart C, and (b) That an evaluation on the child, based on procedures which meet the requirements under § 121 a. 532, is conducted every three years or more frequently if conditions warrant or if the child's parent or teacher requests an evaluation. Neither state nor federal statutes define reevaluation.	ANNUAL REASSESSMENT OF HABILITATION PLANS Rule 10F-3.14, FAC (1) At least annually the habilitation plan committee shall reassess and update the habilitation plan.* (2) When indicated, the habilitation plan committee shall request updated diagnostic and evaluative (D&E) information and suspend the formulation of the habilitation plan until such information is obtained. *Chapter 10F-3 does not indicate whether reassessment of a habilitation plan also means reassessment of the client. REASSESSMENT OF HABILITATION PLANS EVERY THREE YEARS HRS Manual 160-2(5-4): Reassessment by the Habilitation Planning committee. The Habilitation plan must be reassessed by the HPC at least every three years. (Refer to paragraph 4-3) a. In preparation for the meeting, the social worker must: (1) Gather reports from all service providers (Refer to paragraph 5-3a). (2) Update the previous psychosocial b. Invitation of HPC members may be the responsibility of social worker or the D&E chairperson at District option.	ANNUAL REEVALUATION OF THE CLIENT Interpretive guidelines for 45 CFR 249.13 Standard 435.1009 Re-evaluation medically, socially, and psychologically at least annually by the staff involved in carrying out the resident's individual plan of care, including review of the individual's progress toward meeting the plan objectives, the appropriateness of the individual plan of care, assessment of continuing need for institutional care, and consideration of alternate methods of care. Interpretive Guideline for Standard 435.1009 The ICF/MR staff and outside professional team members who work with each resident must reassess the resident's program progress and need for continued institutionalization. This must be done annually or at more frequent intervals if the resident's progress (or failure to progress) indicates a need for reevaluation. Rule 10D-38.16(5),FAC Individual evaluations of clients shall: (a) Commence within 90 days prior to the client's admission to the ICF/MR; (b) Be conducted at least annually; (c) Be based upon the use of reliable, written, and valid instruments whenever such tools are available. If not available, the facility has the responsibility to develop reasonable assessments; (d) Provide the basis for prescribing an appropriate program of learning experiences for the client.

In order to coordinate the mandated three-year reevaluations of other HRS clients, public school and HRS staffs will need to: (1) reach agreement on assessment dates (perhaps in conjunction with coordinated dates of annual reviews of service plans); (2) obtain parental permission to release evaluations; and (3) establish procedures for sharing the assessments. School districts interested in helping HRS integrate educational service goals into hab plans and encouraging program continuity will want to cooperate with HRS personnel who request evaluation results on PMH students.

Participants in Service Plan Reviews

Federal and state laws delegate the responsibilities for the development of service plans to the agencies responsible for the delivery of services. In Florida, local school districts are responsible for planning and providing educational programs for school-aged PMH students. HRS is responsible for other aspects of care and training for these individuals.

Although the statutes specify--and separate--these responsibilities, HRS and ICF/MR regulations imply or suggest that school system personnel participate in hab plan reviews for both community and residential clients. For example, Chapter 10F-3, FAC requires the following [10F-3.12(2)(b)]:

> The habilitation plan committee shall be composed of representatives of the following disciplines: psychological, social, medical, and educational. The individual responsible for the implementation of the habilitation plan shall also be a member of the committee. In addition, others working with the client and the client's parents or guardian, or the client if competent shall be invited to join the committee. The composition of the habilitation plan committee will be subject to the restrictions provided for in section 393.13(4)(m), Florida Statutes, regarding confidentiality.

HRS manual 160-2 also states [4-12(b)(5); 4-9(e)]:

> The specialists, including but not limited to appropriate residential facility representatives and public school instructional personnel, who have been implementing the client's program must be invited to be members of the Habilitation Planning Committee.
>
> For ICF/MR residents who attend public school it is necessary to include the public school instructional personnel in the Habilitation Planning committee so that the school's IEP and the facility ATP are coordinated. The ICF/MR and

> public school will share responsibility for implementation of goals in Section C[1] and portions of Section A.

Federal standards for annual reevaluation of ICF/MR clients also require the participation of all those involved in carrying out a client's program [42 CFR 435.1009; Interpretive Guideline 4 for 45 CFR 249.10(d)(1)(v)(d)]:

> Reevaluation medically, socially, and psychologically at least annually by the staff involved in carrying out the resident's individual plan of care, including review of the individual's progress toward meeting the plan objectives, the appropriateness of the individual plan of care, assessment of continuing need for institutional care, and consideration of alternate methods of care . . . .
>
> The ICF/MR staff and outside professional team members who work with each resident must reassess the resident's program, progress, and need for continued institutionalization. This must be done annually or at more frequent intervals if the resident's progress (or failure to progress) indicates a need for reevaluation.

In defining the habilitation plan committee, the Florida rule for ICF/MR licensure states [10D-38.02(23)(b)(1), FAC]:

> A complete reassessment is required from each professional discipline who has been serving the client throughout the year, except for the psychologist (refer to Chapter 10D-38.18(7), FAC,) All service providers shall attend the annual HPC meeting.

Although the 1982 revisions to Chapter 10D-38 eliminated the requirement that educational staff attend quarterly reviews, both federal and state regulations still require that external service providers submit periodic reports to the ICF/MR staff. Interpretive Guideline 5 for Standard 249.13(c)(ii) reads:

> The parent facility has a written agreement with an outside source which ensures that said outside source will provide written, documented, periodical

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[1]For categories within Sections A and C, refer to page 23.

> reports on the adjustment of the resident. The reports should include but are not limited to the following:
> (1) progress reports
> (2) treatment plans
> (3) short-term goals for treatment
> (4) long-range goals for treatment
> (5) discharge planning
> (6) demonstrated need of the patient for continued services

In Florida, the HRS Office of Licensure and Certification has interpreted the federal requirement for periodic reports as "monthly." Chapter 10D-38, FAC specifies [10D-38.15(3)(c)(1)]:

> All client programs including monthly progress reports and necessary revisions, as submitted by each service provider, must be reviewed each month by the QMRP.

These regulations require that outside service providers (1) attend annual service plan reviews for students residing in ICF/MRs; and (2) submit monthly reports on students' progress to the ICF/MR administrator.

Although ICF/MRs sometimes view public school personnel as service providers, federal and state laws establishing the educational responsibilities of local school systems do not require school system personnel to attend meetings of other agencies. Educators who are interested in developing complementary programs and methodologies will want to cooperate with HRS and ICF/MR staffs, whether or not the laws require them to do so. Shared planning implies benefits for all involved. Public school teachers can become acquainted with a student's home environment and total program of care; HRS and ICF/MR staff can more easily coordinate their training activities with those of local schools; and PMH students are more likely to receive integrated training and educational programs. Thus, to the extent that local teacher union contracts and other constraints permit, local school districts may want to recommend that teachers or teacher representatives attend annual service plan reviews and provide ICF/MRs with documentation needed to meet state and federal certification requirements for these facilities.

Figure 10 lists those individuals who are required to participate in service plan reviews. Figure 11 summarizes the statutory requirements for service plans and service plan reviews and illustrates the large number of similarities in requirements for local school districts and HRS. The "Comments" column points out areas in which statutes, rules, and regulations differ.

FIGURE 10

REQUIRED PARTICIPANTS IN ANNUAL SERVICE PLAN REVIEWS

ANNUAL REVIEW OF IEPS BY THE LOCAL SCHOOL DISTRICT	Participants: • Representative of the local school district • Teacher(s) • Parent(s) • Student, when appropriate • Other individuals at the discretion of the parent or district school system • A member of evaluation team or someone knowledgeable of the evaluation procedure and results if the student has been evaluated for the first time [P.L. 94-142 Regulations, §§ 121a.344; SBER 6A-6.331]
ANNUAL REVIEW OF HAB PLANS BY HRS DEVELOPMENTAL SERVICES	Participants: • The agency primarily responsible for the delivery of services • The client's parents or guardian • The client [P.L. 95-602, §§ 112.(b)] • The department (HRS) following consultation with the client, if competent, or with the parent or guardian of the client [S. 393.065(2)(e), F.S.] • The habilitation plan committee [Rule 10F-3.14(1), FAC] This committee shall be composed of representatives of psychological, social and educational disciplines, plus the individual responsible for the implementation of the habilitation plan [10F-3.12(2)(b)]
ANNUAL REVIEW OF HAB PLANS BY ICF/MRS	Participants: • Staff involved in carrying out the resident's individual plan of care [42 CFR 435.1009(d)] • ICF/MR staff and outside professional team members who work with each resident [Reference 45 CFR 249.10(d)(1)(v)(D)] • All service providers [Rule 10D-38.02(23)(b)(1), FAC] • Public school instructional personnel [HRS manual 160-2, 4-9(e)]

FIGURE 11

STATUTORY REQUIREMENTS FOR SERVICE PLANS AND SERVICE PLAN REVIEWS

STATUTORY REQUIREMENT	SCHOOL DISTRICT	HRS	HRS ICF/MR	COMMENTS
A written service plan for each student or client	X	X	X	
Standard form for service plan		X	X	
Service plan to include:				
• Long-term (annual) goals	X	X	X	
• Short-term objectives written in measurable terms	X	X	X	
• Short-term objectives written in behavioral terms		X (or other terms that can be measured)	X	If short-term objectives on IEPs are not written in behavioral terms, ICF/MR staff must rewrite them to comply with federal regulations.
• A list of services to be provided	X	X	X	
• A time-line for accomplishing goals and objectives	X	X	X	
Periodic Review of Service Plans				
• Annual	X	X	X	
• Semi-annual		X		
• Quarterly			X	
• Monthly			X	ICF/MRs must obtain monthly reports on student progress from all service providers; school districts are not required to provide documentation.

FIGURE 11, CONTINUED

STATUTORY REQUIREMENT	SCHOOL DISTRICT	HRS	HRS ICF/MR	COMMENTS
Agency staff to be responsible for service plan review	X	X	X	
Periodic Reevaluation or Reassessment of each student or client • Annually		X*	X	ICF/MR regulations need not conflict with public school requirements, since federal statutes mandate that ICF/MRs be responsible for meeting this requirement.
• At least every three years	X			
Participation by outside service providers: • Required attendance at service plan reviews		X	X	The Federal Code of Regulations [42 CFR 442.400, Subpart G] requires all service providers to attend annual service plan reviews. Chapter 10F-3, FAC requires that educational personnel serve as representatives on habilitation plan committees.
• Invited attendance at service plan reviews	X	X	X	
• Written accounts of student or client progress			X	HRS requirements for reports from service providers reflect acency regulations rather than legal mandates. [HRS manual 160-2, 5-3; 5-4] Federal ICF/MR guidelines and the Florida Administrative Code [Interpretive Guidelines for 45 CFR 249.13; Rule 10D-38.15, FAC] require documented, periodic reports from all service providers.

*Rule 10F-3.14(1), FAC requires annual reassessment and updating of each client's habilitation plan; client reassessment is not directly addressed.

CHAPTER 3

DOCUMENTS USED IN SERVICE PLANNING

Florida Statutes [S. 393.065(2)] and State Board of Education Rules [6A-6.331(3)] require that local school districts and agencies providing services through HRS develop plans for each PMH student prior to delivery of services. As specified in the legal mandates, the plans are to include statements of planned services and programs. These statements are to be based on individual needs identified through formal assessment or evaluation. The written plans serve as the basis for delivery of programs and services to all school-aged PMH students.

The document school districts use to plan and manage programs is the Individual Educational Program (IEP). After the IEP is developed, classroom teachers and therapists write detailed plans for PMH students outlining instructional sequences to be followed. These follow-up plans are referred to as implementation plans.

Agencies providing services through HRS plan and authorize services for PMH clients through habilitation plans (hab plans). HRS also requires service providers to develop implementation documents. The implementation plan required for PMH clients aged 5 through 18 who reside in ICF/MRs is referred to as an Active Treatment Plan (ATP). HRS requires other implementation plans for other clients. Individual Program Plans (IPPs) are written for PMH clients age 21 and older who attend Developmental Training Programs. For PMH clients from birth through age 5 and from 18 to 22, HRS agencies are required to develop IEPs. The IEPs developed by HRS and those developed by school districts vary in the level of specificity required.

School District IEPs

By the mid-1970s, school districts in Florida had begun to implement procedures to develop educational plans for handicapped students enrolled in exceptional student programs. IEPs were written to designate the services and the instruction to be provided to the student in the special setting. In the early years of implementation, IEPs often replaced daily lesson plans and, in some cases, the report card. As the required procedures for IEPs were fully implemented, the focus progressed from that of an instructional tool to a management tool. The IEP became the means of defining the handicapped student's needs and the educational program to be provided to meet those needs. Today, some instructional personnel serving handicapped students use the IEP as an outline for instruction and as the framework for developing lesson plans or implementation plans.

In 1980, the Florida Department of Education, Bureau of Education for Exceptional Students, funded a project to develop a resource manual (Vol. III-A: Individual Educational Programs) to assist state and local agencies in developing, evaluating, and improving the quality of IEPs. Although no IEP format has been adopted for statewide use, a sample format was presented in the resource manual. Some school districts have adopted or revised the form;

others have developed their own formats, which include all the components required by SBER 6A-6.331(2)(b). Figure 12 on pages 48 and 49 shows the sample format that appears in Vol. III-A.

IEP Components

By definition, an IEP must be a written document that addresses the following components:

Special education (or exceptional education) assignments. Any program to be provided to the PMH student that involves significant adaptations in curriculum, methodology, materials, equipment, or environment should be identified and listed. This may include speech therapy, occupational therapy, physical therapy, adaptive or specially designed physical education, orientation and mobility training, and classroom instruction.

Related services. Any appropriate service in addition to instruction required for the PMH student to benefit from special education, such as transportation; diagnostic and evaluation services; psychological services; social services; guidance; student counseling; parent counseling; job training; job placement; school health services; food services; medical services for diagnostic or evaluation purposes; braillists; typists and readers for the blind; interpreters; specialized materials and equipment; and therapeutic recreation, should be addressed.

Participation in regular education programs. Statements describing the PMH student's participation in basic or vocational education, if any, should record the student's time in the program (total number of hours and minutes per week or the percent of time per week) and the organizational pattern of the instruction.

Anticipated initiation date. The projected date(s) on which the IEP and each program and related service specified in the plan are expected to begin should be entered.

Anticipated duration date. The projected date(s) on which the IEP and each program and related service specified in the plan are expected to end are to be documented.

Present levels of educational performance. Statements of the PMH student's performance, as appropriate, in areas including but not limited to pre-academic or academic, speech and language, sensory (auditory, visual and tactile), accommodation, social, motor, self-help, emotional maturity, physical, and pre-vocational or vocational areas, as well as a statement regarding specially designed physical education, are to be provided. The statements are to include appropriate information on demonstrated skill mastery, grade levels, or performance in terms of the student's special education needs. These statements may include a description of both in-school and out-of-school behavior as relevant.

Annual goals. Statements reflecting a reasonable expectation of what the student can achieve at the end of one year are to be documented. Annual goal statements specify expected student performance, as appropriate, in areas including but not limited to pre-academic or academic, speech and language, social, sensory, motor, accommodation, self-help, emotional maturity, physical, pre-vocational or vocational areas, and specially designed physical education. Annual goals should include statements of expected skill mastery or performance in terms of the student's special education needs. Goal statements may be

formulated addressing both in-school and out-of-school behavior as revelant.

Short-term instructional objectives. Statements that include the observable skill, behavior, or performance to be demonstrated and the conditions under which the PMH student will demonstrate mastery are to be specified at the time the IEP is developed. Short-term instructional objectives are to be specified for each stated annual goal. These objectives must be related to each other and to the annual goal. The first short-term objective for each annual goal is to be a reasonable learning step based on the present level of educational performance. All short-term instructional objectives for the current IEP should be written at the IEP meeting.

Evaluation criteria, procedures, and schedules. Each short-term instructional objective must be accompanied by statements that identify:

1. the objective, prestated criterion to be used in determining mastery/nonmastery of the short-term instructional objective;

2. the test, measuring instrument, or systematic data collection device that will provide a direct measure of skill performance and mastery; and

3. data for administering the devices or collecting skill performance data.

Signatures of participants. All persons attending the IEP meeting are to sign the IEP document to indicate their presence at and participation in the meeting.

The exact structure of the IEP form and the length of the document depend on the amount of detailed information the school district chooses to compile. For most of the items required in an IEP, the regulatory language is succinctly stated and self-explanatory (e.g., initiation and duration dates; signatures of participants). Documentation for these items is highly consistent among districts. The statutory terms covering some of the components are general, however, and thus open to various interpretations. Among the components with the widest range of interpretation are present level, annual goal, and short-term objectives. Thus, statements of present levels and annual goals may range from vague descriptions of broad categorical skills (e.g., "completely dependent on others in areas of self-help skills") to behaviorally stated, observable skill performance (e.g., "can self-feed blended foods using spoon that has adaptive handle with 40% spillage").

Short-term objectives are also stated in a variety of ways. Some districts select the key skills the PMH student is to master in proceeding toward stated goals as the short-term objectives. Other districts consider statements of percentage increase on assessment tests or mastery of given numbers of skills within a sequence to be short-term objectives.

Regardless of the format the school district chooses, the IEP must be reviewed and updated at least once a year. The plan may be reviewed and revised more frequently, either to fulfill time-lines established in the IEP or at the request of the parent, teacher, or other service provider.

FIGURE 12

Student Name _____
Student ID# _____ DOB _____
Current Assignment _____
_____

DATES
Initial IEP ___/___
Current IEP ___/___
IEP Review ___/___

FLORIDA
INDIVIDUAL EDUCATIONAL PLAN

EXCEPTIONAL EDUCATION ASSIGNMENT(S):	INITIATION DATE	ANTICIPATED DURATION	PERSON RESPONSIBLE

(Location / Program / Organization / Time)

RELATED SERVICES:

EXTENT TO WHICH STUDENT WILL PARTICIPATE IN BASIC OR VOCATIONAL EDUCATION: _____

Subject	hours/% of time	Subject	hours/% of time
Vocational Education			

Physical Education ___Regular ___Adaptive

USE OF DOUBLE BASIC COST FACTOR FOR FULL-TIME STUDENTS:
(Specify required special aids, services, or equipment)

_____
_____
_____
_____
_____

IN ATTENDANCE AT IEP MEETING:	Signature	Date	Signature	Date
LEA Representative (Title: _____)		/		/
Parent(s), Guardian(s) or Surrogate Parent(s)				
Student				
Teacher(s)				
Evaluator(s)				
Other(s)				

FIGURE 12, CONTINUED

PERFORMANCE OR SUBJECT AREA:

PRESENT LEVEL:

ANNUAL GOAL:

Student Name_____
Student ID#_____
Exceptional Education Assignment_____

SHORT-TERM INSTRUCTIONAL OBJECTIVES	EVALUATION OF SHORT-TERM INSTRUCTIONAL OBJECTIVES		
	Criterion for Mastery	Evaluation Procedures and Schedule to be used	Results/Date

School District Implementation Plans

Once an IEP has been developed and the student is assigned to and placed in a special program, districts may develop implementation plans detailing the instruction. The student will have only one IEP, but each discipline providing services may require a separate implementation plan. These implementation plans establish the framework for the daily instruction and activities to be conducted.

The plans may consist of a series of behavioral objectives arranged in a developmental sequence directly related to the short-term objectives and annual goal specified on the student's IEP. The objectives or activities may be originated by the teachers or therapists, or they may be taken from commercially developed materials, including curriculum guides, checklists, and skill charts.

A well-designed implementation plan provides a system for conducting daily instructional activities, monitoring and evaluating student progress, modifying instructional objectives and activities in keeping with short-term needs, and providing periodic progress reports to parents and other school personnel. Statements of specific media and materials to match each instructional step may be included in the implementation plan.

Implementation plans may take the form of daily lesson plans, individualized checklists, or specially designed forms developed by the school district. No specific guidelines or document format have been adopted for statewide use. Options for consideration are included in Vol. III-A. Figure 13 on page 51 shows a sample group implementation plan included in Vol. III-A.

HRS Habilitation Plans

In the early 1970s, HRS began to use hab plans to outline and authorize service delivery to PMH clients. A hab plan is an individualized prescriptive plan, developed by an interdisciplinary team, that outlines the client's needs and authorizes the expenditure of funds for the provision of services. Details for developing hab plans are found in several HRS documents, including HRSM 160-2(Client Services Manual) and the Pre-Service Training for ICF/MR-Cluster Facility Staff.

The hab plan must be recorded on a special form (HRS-DS Form 3033) designed by the HRS Developmental Services Program Office. The cover pages include instruction sheets, and additional pages are to be used as needed to describe evaluation results and projected goals. Information is to be recorded in 19 categories divided into 4 sections. Figure 14 on pages 52-58 shows the hab plan form.

FIGURE 13

GROUP IMPLEMENTATION PLAN

Subject Area- Reading		Name	Hyper Henry			Catherine			Craig			Karen			Steve		
Lake Butler Code	Instructional Objectives		pretest	interim test date	posttest	pretest	interim test date	posttest	pretest	interim test date	posttest	pretest	interim test date	posttest	pretest	interim test date	posttest
	The students will be able to:			9/13													
PR.F.1.3.	Recite the 26 letters of the alphabet.		0	+	+	+	+	+	0			0			+		+
TM	Point out specified lower case letters from a group of five letters.		0	9/16 0	+	0	9/13 +	+	0			0			0		+
PR.F.1.2.	State lower case letters when presented visually.		0	9/22 0	+	0	9/17 +	+	0			0			0		+
TM	Copy lower case letters on board when modeled.		0	9/28 +	+	0	9/22 +	+	+			0			+		+
TM	Copy lower case letters on paper.		0	10/1 +	+	0	9/29 +	+	0			0			0		+
PR.F.1.4	Write lower case letters on paper when presented orally one at a time.		0	10/8 +	+	0	10/1 0	+	0			0			0		+
PR.F.1.4	Write lower case letters in sequence.		0	10/13 0	+	0	10/8 +	+	0			0			0		+
TM	Point to specified upper case letters from a group of five letters.		0	10/21 +	+	0	10/13 +	+	0			0			0		+
FR.F.1.2	State upper case letters when presented visually.		+	10/21 +	0	0	10/ +	+	0			0			0		+
		date	9/9		10/23	9/9		10/23	9/9			9/9			9/9		10/2

FIGURE 14

DEVELOPMENTAL SERVICES PROGRAM HAB PLAN
DEMOGRAPHIC DATA

Current Hab Plan Date_____
Reassessed Date _____
Reassessed Date _____
Projected Full HPC Date_____

1. Name_____ 2. SS#_____

3. Mailing Address_____ 4. Medicaid #_____

6. Guardian/ Next-Of-Kin_____ 5. Date of Birth_____ CA _____

7. Address_____ County _____

8. Primary Disability:

_____Autism
_____Cerebral Palsy
_____Epilepsy
_____High Developmental Risk
_____Mental Retardation

9. Secondary Disability:

_____
_____
_____
_____
_____

10. Legal Status_____ State of Residency_____

11. Eligible for Services: 393, Florida Statutes ___Yes___No
Public Law 95-602 ___Yes___No

12. Social Worker_____

13. HPC Chairperson_____

14. Current Residence Type_____

15. Recommended Residence Types: 1._____ 2._____

16. Authorized Level of Care: Optimal ☐ Interim ☐

Foster Care	Group and RHC	ICF/MR Level of Care
_____Minimal	_____A	_____
_____Moderate	_____B	
_____Intensive	_____C	
	_____D	
	_____E	

17. Level of Care Approved ☐ Denied ☐

_____ _____ _____
UC Coordinator Date

Page 1 of__Pages

HRS-DS Form 3033A, Sep 82 (Obsoletes previous editions) Page A
(Stock Number: 5746-00A-3033-8)

FIGURE 14, CONTINUED

Independent Living..... 05
Semi-Independent Living..... 06
Family Home (parent, relative, guardian)..... 15
Family Home with additional support services..... 16
Foster Home (adult)..... 20
Foster Home (adult) with additional support services. 28
Foster Home (adult) with specialized care and/or training..... 29
Foster Home (child) Family Care..... 34
Foster Home (child) with additional support services. 35
Foster Home (child) with specialized care and/or training..... 33
Group Home-Family Care..... 41
Group Home with additional In-Home support services.. 42
Group Home with specialized care and/or training..... 43
Residential Habilitation Center..... 44
Adult Retarded Defendant Program..... 51
Juvenile Retarded Offender Program..... 52
Cluster ICF/MR Developmental/Residential..... 61
Cluster ICF/MR Developmental/Institutional..... 62
Cluster ICF/MR Developmental/Non-Ambulatory..... 64
Cluster ICF/MR Developmental/Medical..... 65
Community ICF/MR Developmental/Residential..... 71
Community ICF/MR Developmental/Institutional..... 72
Community ICF/MR Developmental/Non-Ambulatory..... 74
Community ICF/MR Developmental/Medical..... 75
Sunland Training Center - Non ICF/MR..... 81
Sunland ICF/MR Developmental/Residential..... 82
Sunland ICF/MR Developmental/Institutional..... 83
Sunland ICF/MR Developmental/Non-Ambulatory..... 85
Sunland ICF/MR Developmental/Medical..... 86
Regional Residential Center..... 91
Other HRS Non-Developmental Services Institution..... 92
Non-HRS Psychiatric Facility..... 93
Nursing Home..... 94
Jail..... 95

Revised HRSM 50-3, Dated July 1, 1982

FIGURE 14, CONTINUED

MEDICAID INFORMATION SHEET

Name:_____Medicaid #_____Date:_____

I. Categorical Eligibility:

I.Q.___Date of Test:_____I.Q. scores may fluctuate, but do not effect services. The score is used only for eligibility determination.

Physical Handicap(s):_____

Behavioral Problem(s):_____

II. Client is SSI eligible and in need of:

1. Active ICF/MR Treatment in accordance with Chapter 10D-38, F.A.C. ☐ _____ Physician or Psychologist

III. If II (1.), above is checked Level of Care Required (Refer to Definition on reverse side of page)

____1. Developmental/Residential.

____2. Developmental/Institutional.

____3. Developmental/Non-ambulatory.

____4. Developmental/Medical.

IV. Self Administration of Medication:

(This item must be completed regardless of whether the client takes medication at present or not.)

____1. Capable of self-administration of medication.

____2. Not capable of self-administration of medication.

Chairperson or Physician Signature:_____

V. If recommended placement is interim for this 12 month period, justify, then specify optimal placement.

_____

_____

Page 2 of___Pages

Page B

HRS-DS Form 3033B, Sep 82 (Obsoletes previous editions)
(Stock Number: 1746-008-3033-2)

FIGURE 14, CONTINUED

Instructions for Page B

1. This page will be used for all clients who are mentally retarded.
2. For clients residing in ICF/MR, complete each of the five categories.
3. For LTRC clients, complete each category except category III.
4. For IFL clients, complete categories I and II.
5. For ICF/MR clients, a physician must sign category II and IV.

Code 6: Developmental/Residential - The client is fully ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions. The minimum overall direct care staff to client ratio is 1:2. (Waiver will allow up to a 1:4 ratio.)

Code 7: Developmental/Institutional - The client is fully ambulatory but not capable of following directions nor taking appropriate action for self-preservation under emergency conditions and clients who are mobile with mechanical devices; such as canes, walkers or wheelchairs. The minimum overall direct care staff to client ratio is 1:2. (Waiver will allow up to a 1:4 ratio.)

Code 8: Developmental/Non-ambulatory - The client requires horizontal transport and clients who are capable of mobility only with human assistance. The minimum overall direct care staff to client ratio is 1:1.

Code 9: Developmental/Medical - The client is in need of continuous medical/nursing supervision for chronic health needs. The minimum overall direct care staff to client ratio is 1:1.

FIGURE 14, CONTINUED

DISTRICT____
DEVELOPMENTAL SERVICES PROGRAM HABILITATION PLAN
CERTIFICATE OF ELIGIBILITY
P. L. 95-602

Name_____SS#_____Date_____

The above-named client has received an interdisciplinary evaluation and the results of the evaluation substantiate that

(I) The client is at risk of becoming developmentally disabled; the physician's statement is attached ___YES___NO
(If this is checked "YES" it is not necessary to complete (II) through (VI).)

(II) The client has a chronic disability which is attributable to a mental or physical impairment or a combination of both ___YES___NO

(III) Manifested before the person attained twenty-two years of age ___YES___NO

(IV) Will likely continue indefinitely ___YES___NO

(V) Will result in substantial functional limitations in three or more of the following (areas of major life activity:

1. _____Self-Care
   _____ Eating-Drinking
   _____ Hygiene
   _____ Grooming
2. _____Receptive and Expressive Language
   _____ Receptive
   _____ Expressive
3. _____Learning
   _____ Cognition
   _____ Retention
   _____ Pre-Academic Skills
   _____ Academic Skills
4. _____Economic Self-Sufficiency
   _____ Pre-Vocational/ Vocational Skills
   _____ Job Finding
   _____ Work Adjustment
5. _____Mobility
   _____ Movement
   _____ Gross Motor Control
   _____ Fine Motor Control
6. _____Self Direction
   _____ Interpersonal/ Family Relations
   _____ Initiative
7. _____Capacity for Independent Living
   _____ Housekeeping
   _____ Money Management
   _____ Health and Safety
   _____ Using Community Resources

(VI) The individual's disability (does) (does not) reflect a need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services which are either lifelong or of an extended duration

(VII) The client is eligible. ___YES___NO

_____
HPC Chairperson

FIGURE 14, CONTINUED

EVALUATION/GOALS

Name_____SS#_____Date_____

Evaluation	Goal

Page___of___Pages

HRS-DS Form 3033C, Sep 82 (Replaces May 80 edition which may be used) Page C
(Stock Number 5746-00C-3033-7)

FIGURE 14, CONTINUED

SIGNATURE PAGE

Name_____ SS#_____

_____ _____
Date HPC Chairperson Title

_____ _____
Date Social Worker

Signature of Others Who Attended HPC Meeting:

Date	Name	Title	Agency
Date	Name	Title	Agency
Date	Name	Title	Agency
Date	Name	Title	Agency
Date	Name	Title	Agency
Date	Name	Title	Agency
Date	Client		
Date	Parent/Guardian		

Reassessed_____ _____
Case Manager Date

Reassessed_____ _____
Case Manager Date

Distribution List

_____Client
Date Sent

_____Home District
Date Sent

_____Parent/Guardian
Date Sent

_____Residential Vendor
Date Sent

Others:

Date Sent	Name	Title	Agency
Date Sent	Name	Title	Agency
Date Sent	Name	Title	Agency

The purpose of this habilitation plan is to identify and prescribe all of the physical, social, emotional, and cognitive needs of the client, without regard to the availability of the services or the resources to fund them. The delivery of the services depends on whether the services and the funds are available.

Page___of___Pages

Page D

HRS-DS Form 3033D, Sep 82 (Obsoletes previous editions)
(Stock Number: 5746-00D-3033-1)

HAB Plan Components

By definition, hab plans must address the following components:

Basic client identification information. This includes the client's name; Social Security number; Medicaid number; address; date of birth and chronological age; name and address of guardian; client's legal status; state of residency; recommended residence type; ICF/MR level of care, if applicable; and listing of the client's primary and secondary disabilities. This information is generally available from the social worker assigned to the client by the HRS district.

Statement of Eligibility. Indication must be recorded regarding the eligibility of a client for services, as determined by Chapter 393, F.S. and Public Law 95-602. The chairperson of the Hab Plan Committee signs the signature page of the plan indicating eligibility. The chairperson and a physician must also certify that the client requires the ICF/MR level of care.

Evaluation of present performance level. Statements in various measurement categories (e.g., psychological, psychosocial, medical, nursing, basic academics) are to be written in readily understood terms that describe the client's level of functioning. The statements are to reference the assessment tool used, if applicable.

Identification of Annual Goals and Services Needed. Statements for each of the measurement categories addressed in the evaluation section are to describe, in behavioral terms, the skill or functioning levels that the client is expected to demonstrate within one year. The goal statements must relate to the statements of present level. A listing of specific services that will enable the student to achieve the goals may also be included.

Measurement Categories. Assessment is divided into four sections:

Section A: psychological, psychosocial, medical, dental, nursing, physical therapy, occupational therapy, and leisure time activities. These measurement categories do not always use formal assessment instruments, nor do they always include statements of goals for the client.

Section B: justification of residential setting and long-range optimal plan. This section does not include formal assessment instruments and client goals; rather, it describes the client's needs in terms of physical setting and eventual level of independence.

Section C: basic academics, self-care, daily living, human growth and development, communication, social, motor, and job-related skills. These areas are to be addressed in terms of present levels and annual goals, as appropriate for the student. Assessments and goals in these skill categories may overlap. All information recorded in this section is to be stated in behavioral terms.

Section D: ability to give consent. This section is to indicate whether the student is able to give express and informed consent on the hab plan.

Time-frame for accomplishment of specific goals. If a behavior is to be mastered before the end of the year, a date for anticipated mastery must be indicated.

Projected assessment date. This section projects a month and day for the evaluation of the student's progress toward annual goals.

Signatures. All those attending the hab plan meeting must sign the hab plan. The committee chairperson may attach copies of evaluation reports submitted in conjuction with the development of the plan and the number of reports will vary according to the number of categories in which the PMH client was assessed.

A client's hab plan must be reviewed and revised at least annually. The social worker must also review the plan at least every six months. For PMH clients living in ICF/MRs, ATPs must be reviewed monthly. Additional reviews for other PMH clients may be conducted as needed.

HRS Implementation Plans

HRS requires three separate implementation plans for different groups of PMH clients. These plans are:

1. Active Treatment Plan (ATP)--required for PMH clients who reside in ICF/MRs;

2. Individual Educational Plan (IEP)--required for PMH clients from birth to age 5 and from 18 through 21 who are receiving services in Developmental Training Programs or other similar programs; and

3. Individual Program Plan (IPP)--required for PMH clients over 21 who are receiving services in Developmental Training Programs or other similar programs.

Active Treatment Plans. After the hab plan for an ICF/MR client is completed, a team of ICF/MR staff members[1] must develop an ATP within 30 days of the client's admission to the facility. Unlike the hab plan, the ATP has no required form. HRS simply encourages its districts and facilities to develop

---

[1]The team must include the QMRP, a social worker, a registered nurse, direct-care staff, and behavioral staff.

suitable forms that provide the required information. Figure 15 on page 62 shows a sample ATP form.

Through a series of short-term objectives, the ATP describes how the hab plan is to be implemented with the PMH client. The ATP consists of behavioral objectives that include statements of condition and behavior and criteria for each annual goal on the hab plan. The short-term objectives are to follow a logical, sequential progression from the client's present level of functioning to the projected annual goal. Service providers may derive these sequences through task analyses, or they may adopt or adapt them from developmental checklists.

In addition to behavioral objectives, the ATP must include:

1. a description of the training methods and techniques to be used;

2. documentation of consistently applied training activities;

3. the staff persons responsible for conducting the training activities;

4. the initiation and duration dates for service delivery; and

5. the date the short-term objective is achieved.

IEPs and IPPs

The IEP and IPP are also plans that demonstrate how hab plans will be implemented. Written only for HRS clients who are not receiving educational or other services from public school districts, they serve the same function as the implementation plans which may be developed by school districts for school-aged PMH students.

The components of the plans school districts and HRS districts use are similar, although some of the items vary in the amount of detail required. These items include present levels, annual goals, and short-term objectives.

Figure 16 highlights the similarities in the requirements for school district and HRS documents.

FIGURE 15

ACTIVE TREATMENT PLAN

NAME:_____ Implementation Date_____

SKILL AREA:_____ Projected Completion Date_____

Habilitation Plan Goal	Short Term Objective	Service Provider (Name and Title)	Actual Completion Date

FIGURE 16

SIMILARITIES IN SCHOOL DISTRICT AND HRS SERVICE PLANS

	SCHOOL DISTRICT		HRS DISTRICT	
	IEP	IMPLEMENTATION PLAN	HAB PLAN	ATP
Present Level	statement describing levels of educational performance in the following areas, as appropriate: pre-academic/academic speech and language social sensory motor accommodation self-help emotional maturity physical prevocational/vocational adaptive physical education	not applicable	measurable statement of behavior presently exhibited in the following assessment areas, as appropriate: basic academic, communication, social motor/physical/occupational therapy human growth and development; self-care/daily living skills; psychological; psychosocial job-related skills; leisure-time activities; physical therapy, medical; dental; nursing	not applicable
Annual Goals	Statements of expected skill mastery, grade levels, or performance in the following appropriate areas: pre-academic/academic speech and language social sensory motor accommodation self-help emotional maturity physical prevocational/vocational adaptive physical education	not applicable	measurable statements describing expected skill mastery in the following areas as appropriate: basic academic skills; communication; social motor/physical therapy; occupational therapy; communication; self-care; daily living; human growth and development; psychological; psychosocial job-related skills; leisure-time activities; medical; dental; nursing	
Short-Term Objectives	observable, measurable steps leading to annual goals	hierarchy of skills describing instruction	not applicable	hierarchy of skills described in behavioral objectives
Criteria and Evaluation	evaluation criteria evaluation procedures (test, instrument, etc.) schedule for assessment	criteria	date for accomplishment of goal if expected prior to one year	criteria and date of mastery; anticipated completion date
Initiation and Duration Dates	beginning and ending date of IEP beginning and ending date for each program and related service	not applicable	date for reassessment of Hab plan	beginning date for implementation of objectives
Special Education	Statement of amount of time spent in speech therapy; occupational therapy; physical therapy; classroom instruction; orientation and mobility training	not applicable	checklist of recommended placement	not applicable

school districts and HRS agencies differ in the methods of assessment they use and in the programs they conduct. The assessment information that school districts collect and use in developing IEPs deals primarily with educational performance. On the IEP, assessment data are usually summarized in brief statements that describe the student's exhibited capabilities or demonstrated skill levels. The present-level statements for a PMH student typically document the student's level of ability in curriculum categories such as self-help. The degree of specificity and the extent to which the statements are measurable vary among the school districts.

HRS evaluation data on PMH clients relate to more than performance. The hab plan includes sections for recording a client's present level in psychological, psychosocial, medical, dental, nursing, and educational categories, all of which must be stated in readily understood terms. With the exceptions already noted, the statements should also cite the assessment tool used. Present-level statements, which are recorded on the hab plan form in the column labeled "evaluation," usually describe the client's behaviors and the limits of current functioning.

Both the IEP and the hab plan address the need for accountability in planning. If programs are planned and provided to meet a handicapped student's needs, the student should benefit from the programs by acquiring new skills or, at the very least, maintaining his or her performance level. Annual goals must reflect reasonable expectations for a student's performance level at the end of one year.

The annual goals on the IEP must indicate each skill or subject to be addressed. Although the statutes require only that statements of annual goals be recorded, Volume III-A, Individual Educational Programs recommends that they also describe expected skill mastery, grade levels, or performance and be written in measurable terms. Schools and school districts vary, however, in the procedures they use for writing goal statements.

Hab plans must have annual goal statements for each category in which the client's needs have been identified. Annual goals are generally divided into two types: client goals and service goals. Client goals, which describe skills that the client is expected to perform or maintain, should be stated in behavioral terms that enable the client's progress to be observed and measured. Service goal statements, on the other hand, describe specific services the client will receive and do not include measures of the client's progress.

Although the Developmental Services manual Client Services and ICF/MR regulations contain stringent requirements for hab plan components, HRS districts vary in their use of behavioral terminology in the writing of annual goals. As HRS districts strive to meet these standards, consistency in goal writing across districts should increase.

The IEP takes the educational planning for a PMH student one step further by requiring short-term instructional objectives that sequence expected learning outcomes. According to accepted definition, short-term instructional objectives are to include the observable skill or behavior to be performed and the conditions under which the student is to demonstrate mastery. The IEP must also record the criteria, procedures, and schedules for measuring the student's attainment of or progress toward mastery of short-term objectives.

Hab plans do not include short-term objectives. Within 30 days after services begin, HRS staff develop implementation plans that further define the client's anticipated progress in educational areas, but only for those clients in ICF/MRs or those not being served by the local school district. These implementation plans are to include both short-term objectives and the methods to be used in reaching these objectives.

CHAPTER 4

METHODS FOR COOPERATIVE PLANNING

The needs of PMH students are numerous and complex. These students usually need extensive training in self-help, communication, motor skills, social skills, pre-academics, academics, and prevocational/vocational skills, In addition, PMH students often require medical, nursing, psychological, and other types of therapeutic attention. Traditionally, both school districts and HRS agencies have provided programs that address the broad range of PMH students' needs. School districts and HRS agencies are also responsible for cooperating in the delivery of services to meet these needs. This dual responsibility makes cooperative planning between school districts and HRS agencies essential.

This chapter provides a discussion of options for coordinating the review and revision of service plans for PMH students. These options are based on the assumption that initial assessments, eligibility decisions, and hab plans for most PMH clients of HRS are completed when these children are quite young --before they enroll in public school programs. School districts then use their own data and information from HRS to determine programs for which the children qualify. Once students have been determined eligible, school systems plan for the delivery of educational programs and services.

School districts and HRS agencies document the needs of PMH students on individual service plans. The following four methods of cooperation, which suggest procedures for coordinating the planning of services and programs for PMH students through these service documents, represent varying combinations of group interaction and written documentation. Following the descriptions of the four methods are planning checklists that include premeeting activities, meeting activities, and post-meeting activities.

1. <u>One meeting/one service plan</u>. A joint meeting of representatives from the school district, the HRS district and HRS agencies, parents, and others who provide programs for a PMH student to develop <u>one</u> service plan that satisfies school district and HRS requirements.

2. <u>One meeting/two service plans</u>. A joint meeting of representatives from the school district, the HRS district and HRS agencies, parents, and others who provide programs for a PMH student to develop an IEP and a hab plan.

3. <u>Two meetings with cross-representation/two service plans</u>. Two separate meetings, one of school district personnel and a representative of the HRS district to develop the IEP and a second of HRS personnel and a representative of the school district to develop a hab plan.

4. <u>Two meetings with shared written information/two service plans</u>. Two separate meetings, one of school district personnel to develop an IEP based on school system data and information

provided by the HRS district and a second of HRS personnel to develop a hab plan based on HRS data and information provided by the school district.

Method 1: One Meeting/One Service Plan

Implementing a cooperative method that focuses on one joint meeting of agency personnel and the development of one unified service plan requires an exceptionally high degree of coordination and negotiation of responsibilities. At the same time, this method is potentially the most integrated form of cooperative planning for PMH students.

Conditions. This method might be used under the following circumstances:

1. A large precentage of the school district's PMH students are housed in agency-operated, multi-bed facilities.

2. Public school programs for PMH students are located in one or several centers.

3. The school district employs staffing specialists or program consultants who are responsible for chairing planning meetings and who serve as school district representatives.

4. Both agencies' philosophies include the use of behavioral, measurable goals and objectives on service plans.

PMH students living in multi-bed residential facilities generally receive more HRS services than students living in their own, foster, or group homes do. Since HRS is more deeply involved in the care and education of these students, the coordination of services is extremely desirable in order to avoid program duplication.

School districts that employ a staff person to direct the IEP process might easily convert to a multi-agency process. The concentration of PMH students in a few schools would automatically limit the number of school district personnel, but not the type of professionals involved in interagency procedures. The fewer the number of staffing specialists, counselors, social workers, and teachers involved, the less complicated the communication and organization systems need to be.

Advantages of Method 1 might be:

for the student and parents--

1. documentation of complete and noncontradictory program offerings to meet the needs of the student

2. improved communication between school districts and HRS agencies regarding programs for a given student

3. reduction in conflicting programs

4. fewer meetings for initial service plan development

5. an opportunity for parents to talk with all the service providers at one time and to get an overview of the total service plan for the child

for the school district--

6. an opportunity to develop a total service plan for each student

7. fewer meetings for initial service plan development

8. an IEP that addresses related services in detail

9. opportunities to improve communication with other service providers

for the HRS district/agencies--

10. an opportunity to develop a total service plan for each PMH client

11. fewer meetings for initial service plan development

12. a hab plan that addresses educational services in detail

13. opportunities to improve communication with school system personnel

Potential advantages of this method of coordination center on the possibilities for improving services to PMH students. Philosophically, this method conceives of the student in his or her totality. This concept should lead to a desire to develop a total program, one that includes complementatary and reinforcing training in different settings. According to this premise, the student would benefit the most from this method of cooperation.

The school district and HRS agencies would also benefit from a single meeting that ensures participation by all required personnel for both agencies. Staff members could thus obtain all the information required for documentation on service plans, and both the school district and the HRS district would have a complete and accurate service plan.

Fewer meetings would appear to be cost-effective, not only for the student and parents, but for school district and HRS personnel as well. At present, both school district and HRS personnel evaluate and assess students, plan programs, and communicate with parents and other agencies. This duplication of effort is costly in terms of time and dollars. Although considerable time may initially be necessary to establish this model, ongoing costs would be significantly lower than the costs of producing two documents and attending two meetings.

Disadvantages of Method 1 might be:

for the student and parents--

1. feelings of being overwhelmed by the large number of professionals at the service plan meeting

for the school district--

2. difficulties in scheduling meetings at mutually agreeable times

3. creation of a lengthy service plan containing information considered nonessential to the school district

4. difficulties in resolving philosophical differences

for the HRS district/agencies--

5. difficulties in scheduling meetings at mutually agreeable times

6. creation of a lengthy service plan containing information considered nonessential to HRS

7. difficulties in resolving philosophical differences

Many parents and students would undoubtly appreciate participating in a single multi-agency meeting. Some parents, however, might be overwhelmed by the large number of professionals attending such a joint meeting. Considering the legal requirements for representation at IEP and hab plan meetings, 10 or more agency personnel could be present. The participation of so many therapists, teachers, and administrators might make parents less willing to participate. Furthermore, a technical discussion of diagnostic information and prescriptive planning might confuse parents.

The potential disadvantages of Method 1 are the same for a school district and for HRS agencies. Scheduling a joint meeting is the major difficulty, with several factors adding to the problem. First, school districts typically plan service delivery for the following school year in May or June. HRS agencies schedule hab plan meetings throughout the year, with programs beginning as soon as the plan is completed. Second, guidelines for the development of IEPs and hab plans require participation by direct service providers (e.g., teachers, therapists, direct-care workers) as well as other persons related to the student's case (e.g., school district representative, QMRP, social worker). Providing release time for direct-care personnel is difficult economically and logistically. Often, substitutes who would free service providers to participate in meetings are not available; even when they are available, the money to pay support personnel is often limited or nonexistent.

Many of the requirements for school system and HRS service plans are similar. Most components--including time-frames, a list of participants, and services

to be provided--are common to both the IEP and the hab plan. Each plan includes specific information not required for the other, however. The IEP must list related services to be provided, for example, and the hab plan must contain items such as HRS funding sources and client eligibility for Medicaid. Including all of these items would increase the length of the service plan and add details that both the school system and HRS might consider extraneous.

Another factor that could discourage the use of this method is the difference in interpretation of service plan components. The use of one document would require that school and HRS personnel interpret content requirements uniformly. HRS agencies must specify goals and objectives in behavioral, measurable terms, for example. A joint document would need to reflect this requirement.

Implementing Method 1

Premeeting activities. Concentrated planning is essential for implementing the one meeting/one service plan method of cooperation. Both the school system and HRS would need to analyze the legal and auditing requirements for service plans and develop procedures to ensure that both agencies are in compliance. Planning for one meeting requires that both staffs consider: (1) the qualifications of the chairperson; (2) who will participate; and (3) timeframes to be used for developing, implementing, and monitoring the service plan. Before meetings are held, decision-makers from both agencies should hold a planning conference at which they designate times for the entire series of meetings and make a formal commitment to follow the schedule they have set. Meetings involving public school administrators and staff may need to be scheduled before or after school hours. In addition, the group will also want to:

1. Determine who will chair the service plan meetings (Co-chairpersons may be appropriate).

2. Determine information required and the individuals responsible for contributing this information. Similarities, differences, and nuances of required information should be discussed so that the service plan meetings focus on information that is beneficial and purposeful for each agency.

3. Inform meeting participants of information requirements, the form(s) to be used, and their reporting assignments.

4. Decide on the form or forms to be used and the information to be recorded. Develop or collect these forms and have them ready for each meeting.

5. Complete as much of the identifying information on the form(s) (the student's name, address, program, social security number, Medicaid number, and so forth) as possible.

6. Determine procedures for the release of staff to attend the service plan meetings. School districts may be able to use P.L. 94-142 or P.L. 89-313 funds to hire substitutes

for teachers who attend meetings scheduled during school hours.

Before joint meetings begin, combined inservice sessions for agency staffs can help both groups become aware of current philosophical trends within their own and the other agency. Such gatherings also allow individuals to discuss differences in philosophies and decide how to handle differences in approaches and points of view. Designated participants in the service plan meetings will also benefit from joint inservice training that helps them develop skills in writing goals and objectives that meet the requirements of both agencies.

Meeting activities. Developing a single plan requires substantial coordination during the service plan meeting, since participants' comments and observations must be analyzed and synthesized into one document designed to meet the needs of two groups of professionals. An effective plan can be produced only if meeting activities are well managed and directed. Each meeting should start promptly and end on time and the chairpersons should be capable of facilitating discussions, reaching conclusions, and making recommendations regarding programming. To help the parent feel more comfortable and willing to participate, the chairpersons should:

1. Pair the parent with someone who will explain what is happening, if this becomes necessary. This person should be prepared to act as the parent's advocate when needed.

2. Use name or desk tags and have participants introduce themselves.

3. Avoid the use of jargon and explain terms that the parent may not know.

4. Talk to the parent and ask participants to do the same.

5. Ask the parent for his or her opinion when appropriate.

One or more persons should be designated to record information discussed by participants. To ensure group consensus on what is being recorded, the chairpersons should ask that this information be read to the group at frequent intervals.

Postmeeting activities. Following development of the service document, each agency implements the plan in accordance with its own regulatory guidelines. At this point, the programs will diverge. Exact procedures will differ, and one agency's activities may overlap the other's. In such cases, both agencies must consider the other agency's unique requirements. Agency procedures used to develop implementation plans, monitor student progress, and communicate progress may well be different. Some HRS agencies' regulations for these procedures are more stringent than those of school districts. For example, ICF/MR staff must regularly monitor client progress, write and review monthly progress reports, and participate in quarterly meetings. School district personnel responsible for implementing this model may want to encourage participation in such activities in order to benefit PMH students.

To help ensure postmeeting coordination, the co-chairpersons of the service plan meeting and agency administrators will want to:

1. Establish a communication system among public school teachers, agency administrators, and appropriate HRS direct care staff.

2. Monitor the communication system between the agencies so that problems or needs for changes can be quickly detected.

3. Determine how periodic documentation of the student's progress will be accomplished. Procedures should address the purpose, frequency, format, and exchange of this documentation.

4. Determine which program modifications can be made by teachers and HRS training level staff; decide which changes need administrative approval and which ones need team meetings.

5. Schedule periodic, face-to-face meetings among teachers and HRS direct care staff to discuss students' progress, communication problems, and program concerns.

Meeting Participants. School and HRS districts must invite specific individuals to participate in the review and revision of service plans. These people include:

1. the parent(s) of the student;

2. the student, if appropriate; and

3. the student's teachers, therapists, and other direct-care service providers.

School districts must also involve:

4. a school district representative (to be determined by the school district);

5. a person knowledgeable of the evaluation procedures, if it is an initial referral; and

6. others, at the discretion of the parents or school district.

HRS districts require the attendance of:

7. the hab plan committee chairperson (to be determined by the HRS agency);

8. the social worker assigned to the student's case;

9. a nurse, representing the medical professionals;

10. a physician, for initial placement in an ICF/MR facility; and

11. other service providers, as appropriate.

Method 2: One Meeting/Two Service Plans

A second method of coordinating the development of IEPs and hab plans involves a joint meeting of school district and HRS agency personnel to develop two separate plans. Each plan would provide the information needed by the agency completing it. This model would require extensive coordination but would also reflect a high level of cooperation.

Conditions. This model might be used under the following circumstances:

1. A large percentage of the school district's PMH students are housed in agency-operated, multi-bed facilities.

2. Public school programs for PMH students are located in one or several centers.

3. The school district employs staffing specialists or program consultants who are responsible for chairing planning meetings and who serve as school district representatives.

4. School district and HRS requirements for service plan information differ only slightly.

As with Method 1, coordinated delivery of services and programs is most likely to occur when PMH students reside in multi-bed facilities operated under the auspices of HRS. Because both agencies' training programs for PMH students center on communication and cognitive, motor, self-care, social, and vocational skills, the need for cooperative planning is apparent. The skills within these categories are enhanced by consistent follow-through and reinforcement. Again, joint meetings are more easily managed when the number of participants is limited, as when students are grouped for instruction in centers or selected schools. Rather than each principal, assistant principal, guidance counselor, and other potential participant in the school district receiving planning information, only those employed at PMH centers would need inservice training in how to coordinate premeeting and meeting activities. The employment of staffing specialists to manage the IEP process and serve as school district representatives also makes joint meetings more feasible. Methods 1 and 2 both require the commitment of school district resources and a similar commitment from HRS; staffing specialists are generally more aware of the continuum of programs and services available in a school district and thus better qualified to commit resources.

Method 2 accommodates differences in interpretations of the legal requirements for service plans more than Method 1 does. Indeed, separate documents may actually promote cooperative planning. Representatives of both agencies may approach a joint meeting with more positive attitudes if they feel that the two resulting documents are tailormade for each organization.

Advangages of Method 2 might be:

for the student and parent--

1. improved communication between school districts and HRS agencies regarding programs for a given student

2. reduction in conflicting programs

3. fewer meetings

4. an opportunity for parents to communicate with all the service providers at one time and obtain an overview of the total service plan for their child

for the school district--

5. service plans tailored to accommodate school district philosophies and requirements

6. fewer meetings

7. improved communication with other service providers

for the HRS district/agencies--

8. service plans tailored to accommodate HRS philosophies and requirements

9. fewer meetings

10. improved communication with other service providers

A joint meeting of all individuals working directly with a PMH student should provide ample opportunities to coordinate services. Discussions in the meeting would center on the needs of the student. Personnel from each agency would then outline the services and programs the student would receive through their organization. The meeting's major purpose should be to ensure compatible and complete service delivery.

The advantage of using separate documents is two-fold. First, each agency's plan would include only those items essential to that agency. Second, each agency would be free to add other information needed for program management but not required by legislation.

Parents might also find advantages in a joint meeting of the two agencies. They would attend only one meeting to discuss their child's needs. In addition, all the service providers would be available to answer questions about the services the child would receive. The joint meeting would enable parents to develop a clear picture of the total program designed for their child.

Disadvantages of Method 2 might be:

for the student and parents--

1. feelings of being overwhelmed by the large number of professionals at the service plan meeting

2. confusion regarding the provision of services represented on separate service plans

for the school district--

3. difficulties in scheduling meetings at mutually agreeable times

for the HRS district/agencies--

4. difficulties in scheduling meetings at mutually agreeable times

Although a joint service plan meeting provides an opportunity for cooperative planning, the use of separate service plans could result in problems. Both agencies may feel that as long as they are implementing the programs outlined on their plan and are meeting their monitoring and reporting requirements, they do not need to involve or inform the other agency. If, during implementation, one agency determines that its service plan is no longer appropriate, agency staff may make revisions without involving the other agency. In some cases, these revisions could interrupt the program continuity sought by the other agency. When one or both agencies revise their service plans during implementation, needed services may be excluded; others may overlap. Further complications can develop when copies of service plans are not shared promptly. For personnel who did not attend the joint meeting the shared service plans may be the only way they can receive information on the other agency's services. Without these documents, district service providers may be unable to understand a student's complete program. Shared plans serve a similar purpose for personnel hired during program implementation, who would undoubtedly benefit from seeing how their responsibilities fit into the entire program.

Implementing Method 2

Premeeting Activities. As with Method 1, coordinated planning must take place. The school district and HRS agencies must establish communication and select co-chairpersons to plan the joint meeting and the sharing of information. All of the premeeting activities listed for Method 1 (refer to page 70) are appropriate for Method 2.

Meeting Activities. Sharing assessment information will provide the basis for joint planning. After participants discuss the student's needs and services and develop a total service plan that divides responsibilities for services appropriately, they would then develop both an IEP and a hab plan. As with Method 1, the chairperson whould designate individuals to record information on the hab plan forms, which will undoubtedly require similar

and different information. Other meeting activities for Method 1 (refer to page 71) are equally applicable to Method 2.

Postmeeting Activities. After the IEP and the hab plan are developed, each agency would follow its own implementation procedures. The use of two documents implies a need for well-established and frequent communication between the school district and HRS, in order to ensure coordination of program delivery. The postmeeting coordination procedures listed under Method 1 (page 72) can also help ensure effective agency cooperation in the delivery of programs.

Meeting Participants. HRS and public school districts must invite specific individuals to participate in the review and revision of service plans. These people include:

1. the parent(s) of the student;

2. the student, if appropriate; and

3. the student's teachers, therapists, and other direct-care service providers.

School districts must also involve:

4. a school district representative (to be determined by the school district);

5. a person knowledgeable of the evaluation procedures, if it is an initial referral; and

6. others at the discretion of the parents or school district.

HRS districts require the attendance of:

7. the hab plan committee chairperson (to be determined by the HRS agency);

8. the social worker assigned to the student's case;

9. a nurse, if the student resides in an ICF/MR facility.

Method 3: Separate Meetings with Cross-representation/Two Service Plans

In a third method of cooperative planning, each agency holds its own service plan meetings and is responsible for inviting representatives from other agencies serving the student. This method does not require as much logistical coordination as Methods 1 and 2, but it does provide an opportunity for agency coordination.

Conditions. This method might be used under the following circumstances.

1. PMH students live in a variety of settings, including foster homes, group homes, and multi-bed facilities.

2. PMH programs are conducted in a variety of public school settings throughout the district.

3. School district representatives may not have administrative authority to commit district resources.

When a large number of individuals are required to participate in service plan meetings, substantial logistical problems may develop. For students who are served in a variety of school settings or who live in multiple residential settings, the number of people who need to attend joint meetings increases substantially. As service delivery spreads across facilities and the number of staff increase, training, logistical coordination of programs, and effective communication become more difficult.

The selection of a school district representative may also affect the implementation of this method. The DOE requires school districts to include in their district procedures those persons who may serve as the LEA representative in the development of educational plans. This may be a representative of the district school system, other than the student's teacher, who is qualified to provide or supervise the provision of special education and is empowered to commit district resources. When a school district representative attends a hab plan meeting, the person will not be required to commit school district resources, but rather will be asked to provide information about the student's educational program.

Advantages of Method 3 might be:

<u>for the student and parents</u>--

1. opportunities for cooperative planning with each agency

2. potentially a less-threatening environment for parents

<u>for the school district</u>--

3. service plans specific to the needs of the school district

4. easily handled logistical arrangements

5. latitude in the selection of the school district representative

<u>for the HRS district/agencies</u>--

6. development of service plans specific to the needs of the HRS agency

7. easily handled logistical arrangements

Although service plans developed in separate meetings may be less compatible, the attendance of representatives from the other agency at the meetings should increase coordination. These representatives would provide information on their agency's programs and services. Such communication encourages the development of a plan that is compatible with the other agency's services.

The position of the person representing the agency will also affect the amount of coordination achieved. Supervisory personnel acting as representatives might encourage the overall coordination of service provision, while participation by direct-care providers might lead to cooperative planning of instructional content and techniques.

The school district may also find logistical advantages to this method. An IEP designed specifically for the district will record only information tailored to the requirements of the public school system. Such a document will be shorter, less confusing for personnel, and more economical to develop and reproduce.

For many school districts, scheduling IEP meetings is time-consuming and complex. Involving representatives from more than one agency might further complicate the process. With cross-representation, a school district can benefit from cooperative planning without creating additional logistical problems. IEP meetings that focus on the student's educational program rather than on the total service plan allow a school district to select a school district representative who has direct knowledge of PMH students and their programs.

Similarly, the HRS agency will find two advantages to this method. First, the hab plan would reflect only HRS requirements. Second, scheduling would be less complicated than with methods 1 and 2.

Disadvantages of Method 3 might be:

for the student and parents--

1. lack of coordination and continuity of programs

2. separate documents that may not reflect the total services to the student

for the school district--

4. the need to provide release time for school personnel attending hab plan meetings and the added cost of providing release time for staff attending these meetings.

5. IEP and hab plan meetings scheduled too close together or too far apart

6. delayed receipt of current hab plans

7. delayed or no communication regarding revisions in current hab plans

8. failure of HRS representatives to attend IEP meetings

for the HRS district/agencies--

9. the need to provide release time for HRS agency personnel attending IEP meetings and the added cost of providing

release time for staff attending these meetings

10. failure of school representatives to attend hab plan meetings

11. IEP and hab plan meetings scheduled too close together or too far apart

12. delayed receipt of current IEPs

13. delayed or no communication regarding revisions to current IEPs

14. failure of IEPs to meet HRS standards for the writing of goals and objectives

Separate planning activities can easily result in disjunctive programs that do not completely meet the needs of PMH students and thus impede individual progress. Cross-representation can remedy this situation if the personnel involved are well versed in the planning processes and well acquainted with the needs of individual students.

Parents who must attend two meetings and approve two documents may not receive a complete overview of the services planned for their child. To understand their child's program, they must piece together information from two settings and two documents. Parents who do this often identify gaps and redundancies in service provision.

Several disadvantages of Method 3 are applicable to both school systems and HRS. Agencies currently using this method have experienced difficulty in providing release time for personnel attending meetings of the other agency. Staff members who work directly with the students (e.g., teachers, therapists, behavior program specialists, and residential training instructors) may have the most relevant information to share. Providing release time for these individuals can be extremely difficult, precisely because they are so closely involved with students. Attempts to resolve this problem have included:

1. scheduling meetings during conference periods or during times when students are not present;

2. providing substitutes;

3. sending supervisory or support personnel (e.g., a social worker, staffing specialist) to the meetings; and

4. using supervisory or support personnel in the classroom.

Two other potential disadvantages of this method are the timing of meetings and the sharing of service plans. If IEP meetings are scheduled to follow hab plan meetings closely, copies of hab plans are usually not available when the IEP meeting is held. Since it takes time for hab plans to be typed and approved, distribution to other agencies can be delayed. Unless the agency representative is familiar with the HRS programs for the student, participants in the IEP meeting will find coordination difficult. Difficulties can also arise when the two meetings are scheduled months apart. In such instances, one agency may be incorporating or considering another agency's

service plans at the same time that the second agency is revising these same documents.

When separate meetings are held and separate documents developed, agencies often do not feel responsible for involving or notifying others when they revise their service plans.

HRS agencies will find one more disadvantage to this method. If HRS agencies use IEPs to meet the requirements for educational goals on the hab plan (Section C), HRS requirements for detailed information may not be met. Because school districts have considerable flexibility in developing IEPs, the specificity of goal statements and other information varies from school district to school district and even from school to school.

Implementing Method 3

Premeeting Activities. Before the service plan meetings, each agency will need to select representatives to attend the other agency's meeting. These representatives should contact the other agency to arrange a mutually agreeable time and location for each service plan meeting.

Meeting Activities. The school district and HRS hold separate meetings with cross-representation. For each meeting, representatives should share assessment information and other background and progress reports. Each representative should also inform the other agency of the programs and services the student is receiving.

Postmeeting Activities. Following development of the two service plans, the school district and HRS agencies must maintain communication regarding the student's progress. They may use informal means (e.g., phone calls, visits, and notes) or more formal channels (e.g., scheduled meetings, report cards, structured progress reports). Such postmeeting communication is essential to the success of this method.

Meeting Participants. For the IEP meetings, participants should include:

1. the school district representative;
2. the teacher(s) of the student;
3. the parent(s) of the student;
4. the student, if appropriate;
5. a person knowledgeable of the evaluation procedures, if it is an initial referral;
6. an HRS representative; and
7. others at the discretion of the parents or school district.

For the hab plan meeting, participants should include:

1. the hab plan committee chairperson;

2. the HRS social worker assigned to the student's case;

3. an HRS psychologist;

4. direct service providers;

5. a nurse, for students residing in ICF/MRs

6. a physician, for initial placement in an ICF/MR facility; and

7. a representative of the school district.

Method 4: Two Meetings with Shared Written Information/Two Service Plans

This method requires little cooperative planning or communication. It may, however, help school systems and HRS agencies coordinate services and programs.

Conditions. This method might be selected under the following circumstances:

1. A majority of the PMH students receive limited HRS services and programs.

2. School district and HRS philosophies and purposes for service plans differ substantially.

PMH students who receive limited services and programs from HRS agencies typically live with their own parents. Since many of these students require only educational services, the school district may not need to coordinate educational programs with HRS.

This method may also be appropriate for districts whose philosophies and policies prohibit more extensive coordination. Although these districts may eventually want to increase cooperation, they can begin by establishing communication through sharing service plans.

Advantages of Method 4 might be:

for the student and parents--

1. opportunities to participate in the planning activities of both agencies

for school district--

2. service plans that meet the specific needs of the school district

for the HRS district/agencies--

3. service plans that meet the specific needs of HRS

If both the school district and HRS serve a PMH student, sharing documents

permits each agency to be aware of the other's services. Shared information might also be used to coordinate other programs and services.

Although school districts and HRS agencies using this method will face few logistical problems, the lack of communication can hardly be described as an advantage. The one major advantage of Method 4 is the development of service plans tailored to the needs of each agency.

Disadvantages of Method 4 might be:

for the student and parents--

1. a lack of coordinated planning
2. separate documents that only partially represent the services being provided
3. attendance requested at two meetings

for the school district--

4. meetings scheduled too close together or too far apart
5. delays in receiving current hab plans
6. delayed or no communication regarding revisions in current hab plans

for the HRS district/agencies--

7. meetings scheduled too close together or too far apart
8. delays in receiving current IEPs
9. delayed or no communication regarding revisions in the current IEP
10. failure of IEPs to meet HRS standards for the writing of goals and objectives

These disadvantages are discussed above, under Method 3.

Implementing Method 3

Premeeting Activities. The school district and HRS should promptly provide each other with a copy of their respective service plans.

Meeting Activities. Each agency would schedule and conduct its own service plan meeting and complete its service plan after reviewing the other agency's plan.

Postmeeting Activities. The ongoing activities would be identical to those discussed under Method 3.

Meeting Participants. Only those required by law to attend each of the two separate service plan meetings would participate.

Personnel assigned to coordinate planning should find the checklists on the following pages helpful in developing and carrying out appropriate procedures.

METHOD 1: ONE MEETING/ONE SERVICE PLAN

CHECKLIST OF PROCEDURES

PREMEETING ACTIVITIES

____ Assign chairperson to student case.

____ Schedule necessary evaluations/assessments.

- ____ educational
- ____ speech
- ____ behavioral
- ____ physical therapy
- ____ occupational therapy

____ Notify personnel responsible for program assessment of deadlines for completion of reports.

____ Schedule date and time for service plan review.

____ Arrange appropriate setting for the meeting.

____ Invite parents to participate in the service plan review meeting.

- ____ letter
- ____ phone

____ Notify personnel in all agencies of date, time, and place of the meeting.

____ Duplicate and distribute necessary forms to personnel for premeeting activities.

- ____ school
- ____ HRS

MEETING ACTIVITIES

____ Introduce all participants and describe their roles in providing services to the student.

____ Provide all necessary student identification information.

____ Discuss briefly the purpose of the meeting and the service plan.

____ Review annual goals in existing service plan and progress made toward accomplishment of the goals.

____ Discuss and document ongoing and newly identified needs of the student in terms of: residential placement ____, medical services ____, educational/training programs ____.

____ Determine and document annual goals for the student in categories of residential placement ____, medical services ____, educational/ training programs ____.

____ Determine and document agency to provide needed programs and services.

____ Project and document short-term objectives, criteria, and evaluation procedures for educational/training areas, including pre-academic/academic ____, speech and language/communication ____, social ____, sensory ____, motor/physical therapy/occupational ____, accommodation ____, self-help/daily living/human growth and development ____, emotional maturity/psychological ____, physical ____, prevocational/vocational/job-related skills ____, special physical educational/recreation skills ____, psychosocial ____, therapeutic visits ____.

____ Discuss and document the least restrictive environment in which the student's needs can be met.

____ Project and document the initiation and duration dates for each program and service.

____ Obtain signatures of all meeting participants.

POSTMEETING ACTIVITIES*

____ Distribute copies of the service plan to representatives of all agencies serving the student.

____ Distribute copy of service plan to the student and the student's parents.

____ Implement programs as specified on the service plan.

____ Develop implementation plans, as appropriate.

____ Monitor student progress toward mastery of objectives and goals.

____ Notify appropriate person if service plan appears to need modification.

____ Communicate regularly with parents and representatives of other agencies.

* Agencies will carry out most postmeeting activities independently.

METHOD 2: ONE MEETING/TWO SERVICE PLANS

CHECKLIST OF PROCEDURES

PREMEETING ACTIVITIES

____ Assign chairperson to student case.

____ Schedule evaluation or assessments.

- ____ psychological
- ____ social
- ____ educational
- ____ speech
- ____ behavioral
- ____ physical therapy
- ____ occupational therapy

____ Notify personnel responsible for progress.

____ Schedule date and time for service plan review.

____ Arrange appropriate setting for the meeting.

____ Invite parents to participate.

- ____ letter
- ____ phone

____ Notify personnel in all agencies of date, time, and place of the meeting.

- ____ school
- ____ HRS

____ Duplicate and distribute IEP forms to school district personnel for pre-meeting activities.

____ Duplicate and distribute habilitation plan forms to HRS agency personnel for premeeting activities.

MEETING ACTIVITIES

____ Introduce all participants and describe involvement of personnel with the student.

____ Discuss briefly the purpose of the meeting and the two service plans.

____ Provide all necessary student identification information for the school district.

____ Provide all necessary student identification information for the HRS agency.

____ Review annual goals and indications of student progress in the current IEP.

____ Discuss ongoing and newly identified needs of the student in terms of residential placement ____, medical services ____, educational/training programs ____.

____ Determine annual goals for the student in specific areas of residential placement ____, medical services ____, educational/training programs ____.

____ Determine the agency to provide specific programs needed by the student.

____ Document present level and annual goal information relevant to the school district.

____ Document present level and annual goal information pertinent to HRS programs to be provided.

____ Project and document short-term objectives, criteria, and evaluation procedures for education or training provided in school system programs.

____ Discuss and document on the IEP the least-restrictive environment in which the student's education or training is provided.

____ Discuss and document on the hab plan the least-restrictive environment in which the student's residential needs can be met.

____ Project and document the initiation and duration dates for each program on both service plans.

____ Complete information requested on the IEP.

____ Complete information requested on the hab plan.

____ Have participants sign service plans.

POSTMEETING ACTIVITIES

School District

____ Distribute copies of the IEP to agency representatives and the student's parents.

____ Implement programs as specified on the IEP.

____ Develop district-required implementation plans.

____ Monitor student progress toward mastery of objectives and goals.

____ Notify appropriate person in the school district and HRS agency of needed modifications in the IEP.

____ Meet as necessary to revise the IEP during the implementation period.

____ Communicate regularly with parents and HRS agency representatives.

HRS District/Agencies

____ Implement programs on the hab plan.

____ Develop implementation plan (ATP) required by HRS.

____ Distribute copies of the habilitation and implementation plans to agency representatives.

____ Distribute copy of the hab and implementation plans to the student's parents.

____ Monitor student progress toward mastery of objectives and goals.

____ Notify the appropriate person in the HRS agency if the hab plan or implementation plan needs modification.

____ Meet as necessary to review and revise the service plans.

____ Communicate regularly with parents and agency representatives.

METHOD 3: SEPARATE MEETINGS WITH CROSS-REPRESENTATION/TWO SERVICE PLANS

CHECKLIST OF PROCEDURES

PREMEETING ACTIVITIES

School District

____ Schedule date, time, and place for IEP meeting.

____ Notify and invite parents to participate.

____ Notify and invite school personnel.

____ Notify and invite HRS representative to participate.

____ Duplicate and distribute IEP forms to personnel for preplanning activities.

____ Request copy of current hab plan if one has not been previously provided.

____ letter

____ phone

HRS Agencies

____ Schedule necessary evaluations/assessments.

___ psychological

____ social

____ educational

____ speech

____ behavioral

____ physical therapy

____ occupational therapy

____ Notify appropriate personnel of deadlines for completion of reports.

____ Schedule date, time, and place for hab plan meeting.

____ Invite HRS personnel to participate.

____ Invite parents to participate.

____ Invite school district representatives to participate.

____ Duplicate and distribute necessary forms to personnel for premeeting activities.

MEETING ACTIVITIES

School District

____ Introduce all participants and describe their involvement with the student.

____ Discuss briefly the purpose of the meeting and the IEP.

____ Provide all necessary student identification information.

____ Review annual goals listed on the IEP and discuss student progress.

____ Discuss ongoing and newly identified student needs for educational or training programs, giving consideration to needs identified by HRS representative.

____ Document needs on the IEP.

____ Determine annual goals for the student's education and training programs.

____ Project and document short-term instructional objectives, criteria, and evaluation procedures for each annual goal.

____ Discuss and document related services needed by the student, giving consideration to those provided by the HRS agency.

____ Discuss and document the least restrictive environment in which the student's educational needs can be met.

____ Determine and record dates for the student's programs and services.

____ Complete additional information requested on the IEP form.

____ Have participants sign the document.

HRS Agencies

____ Introduce all participants and describe their involvement with the student.

____ Discuss briefly the purpose of the meeting and the hab plan.

____ Provide all necessary student information.

____ Review annual goals and indications of student progress from the previous hab plan.

____ Discuss and document ongoing and newly identified needs of the student for residential setting, medical services, and educational and training programs, giving consideration to needs identified by the school system representative.

____ Determine and document annual goals for the residential setting ____, medical services ____, educational and training programs ____.

____ Discuss and document the least-restrictive environment in which the student's needs can be met.

____ Project and document dates for the accomplishment of goals for service delivery.

____ Specify persons or agencies responsible for delivery of programs.

____ Complete additional information requested on the hab plan.

____ Obtain signatures of meeting participants on the hab plan.

POSTMEETING ACTIVITIES

School District

____ Distribute copies of the IEP to school personnel.

____ Distribute copies of the IEP to the parents.

____ Distribute copies of the IEP to HRS representatives.

____ Implement programs indicated on the IEP.

____ Develop district-required implementation plans.

____ Monitor student progress.

____ Schedule interim IEP reviews that include an HRS representative.

____ Communicate regularly with parents and representatives of other agencies.

HRS Agencies

____ Request delivery of services and obtain signatures on the hab plan.

____ Distribute copies of the hab plan to HRS personnel.

____ Distribute copies of the hab plan to parents.

____ Distribute copies of the hab plan to school district representatives.

____ Implement programs specified on the hab plan.

____ Develop implementation plans (ATP).

____ Monitor and report student progress.

____ Schedule interim reviews of the implementation and hab plans.

____ Invite school district representative to these meetings.

____ Communicate regularly with parents and representatives of the school district.

METHOD 4: TWO MEETINGS WITH SHARED WRITTEN INFORMATION/TWO SERVICE PLANS

CHECKLIST OF PROCEDURES

PREMEETING ACTIVITIES

School District

____ Schedule date, time, and place for IEP meeting.

____ Notify and invite parents to participate.

____ Notify and invite appropriate school personnel to participate.

____ Duplicate and distribute IEP forms to personnel for premeeting activities.

___ Request copy of current hab plan if one has not been previously provided.

HRS Agencies

____ Schedule necessary evaluations/assessments.

- ____ psychological
- ____ social
- ____ educational
- ____ speech
- ____ behavioral
- ____ physical therapy
- ____ occupational therapy

____ Notify appropriate personnel of deadlines for completion of reports.

____ Schedule date, time, and place for hab plan meeting.

____ Notify and invite HRS personnel to participate in hab plan meeting.

____ Notify and invite parents to participate in hab plan meeting.

____ Duplicate and distribute necessary forms to personnel for premeeting activities.

MEETING ACTIVITIES

School District

____ Introduce all participants and describe their involvement with the student.

____ Discuss briefly the purpose of the meeting and the IEP.

____ Provide all necessary student identification information.

____ Review annual goals and discuss student progress.

____ Discuss ongoing and newly identified student needs for educational or training programs, considering the needs identified in the HRS hab plan.

____ Determine annual goals for student's education and training programs.

____ Project and document short-term instructional objectives, criteria, and evaluation procedures for each annual goal.

____ Discuss and document related services needed by the student, giving consideration to those provided by the HRS agency.

____ Discuss and document the least-restrictive environment in which the student's educational needs can be met.

____ Determine and record dates for the student's programs and services.

____ Complete additional information requested on the IEP form.

____ Have participants sign the document.

HRS Agencies

____ Introduce all participants and describe their involvement with the client.

____ Discuss briefly the purpose of the meeting and the hab plan.

____ Provide all necessary client information.

____ Review annual goals and indications of client progress from the previous hab plan.

____ Discuss and document those needs identified on the IEP.

____ Determine and document annual goals for residential setting ____, medical services ____, educational and training programs ____.

____ Discuss and document the least-restrictive environment in which the student's residential and programming needs can be met.

____ Project and document dates for accomplishment of goals and for service delivery.

____ Specify persons or agencies responsible for delivery of programs.

____ Complete additional information requested on the hab plan.

____ Obtain signatures of meeting participants on the hab plan.

POSTMEETING ACTIVITIES

School District

____ Distribute copies of the IEP to school personnel.

____ Distribute copies of the IEP to parents.

____ Distribute copies of the IEP to HRS representative.

____ Implement programs indicated on the IEP.

____ Develop district-required implementation plans.

____ Monitor student progress.

____ Schedule interim reviews of the IEP as necessary.

____ Communicate regularly with parents and representatives of other agencies.

HRS Agencies

____ Request delivery of services and obtain signatures on the hab plan.

____ Distribute copies of the hab plan to HRS personnel.

____ Distribute copies of the hab plan to parents.

____ Distribute copies of the hab plan to school district representatives.

____ Implement programs specified on the hab plan.

____ Develop implementation plans (ATP).

____ Monitor and report student progress.

____ Schedule interim reviews of the implementation and hab plans as required by HRS agency.

____ Communicate regularly with parents and representatives of the school district.

Other Cooperation Strategies

Whichever model of cooperation school and HRS districts decide on, they will also want to consider specific ways to ensure and enhance that cooperation. Two such methods include the use of formal and informal cooperative agreements and the sharing of data on student or client progress.

Cooperative Agreements. In coordinating services to PMH students, school system and HRS administrators develop both formal and informal agreements. The most formal of these is the written cooperative agreement mandated by Florida law. In assigning the educational responsibilities for school-aged clients of HRS residential facilities to local school districts, Chapter 79-184, F.S. also requires written agreements between HRS and each school district responsible. Florida school districts with Sunland Centers have such agreements with the appropriate HRS districts. These agreements have been negotiated primarily by school district exceptional student education administrators, public school principals, and Sunland administrative staff. Generally they define each agency's role and responsibilities in providing services but vary substantially in detail. Of the cooperative agreements, those of Lee County with Ft. Myers Sunland Center and Dade County with Miami Sunland Center are currently the most detailed.

Since the state does not require a specific format or content for these documents, district school boards and HRS districts are free to negotiate duties, responsibilities, and procedures as their situations warrant. Typically, however, cooperative agreements are divided into three sections: one that describes what the district school board will provide and be responsible for; a second that details what HRS will provide and be responsible for; and a third that lists mutual provisions. Sample statements from such agreements appear in Figure 17, which synthesizes provisions of the 1982-83 cooperative agreements between the six school systems and Sunland centers. Some statements are generalized to represent more than one center, and less significant provisions have not been included. In all school districts serving Sunland residents, one or both agencies also accept responsibilities other than those included here.

FIGURE 17

MAJOR PROVISIONS OF SCHOOL DISTRICT-HRS DISTRICT
COOPERATIVE AGREEMENTS FOR SUNLAND CENTERS
1982-83

The school board provides or is responsible for:

- appropriate educational equipment, materials, and supplies for students and personnel
- appropriate instructional and non-instructional personnel
- an educational program consistent with school board policy
- custodial services for the campus program
- appropriately trained personnel to operate Sunland vehicles to be used for transporting students
- a liaison to coordinate services
- administration and supervision of educational programs and staff
- teacher attendance at annual hab plan reviews
- psychological evaluation and reevaluation of students
- breakfast and lunch programs for Sunland classes
- observance by school employees of all non-instructional rules and regulations of the Sunland Center
- nursing services

The Sunland Center provides or is responsible for:

- classroom facilities
- maintenance and repairs
- utilities
- food service for students enrolled in the public school program at Sunland
- transportation of students between sites on Sunland grounds

FIGURE 17, CONTINUED

- a liaison to coordinate services
- medical services for Sunland residents enrolled in the school program
- dental services
- inservice training for teaching staff
- collateral data
- notification of all hab plan meetings
- a full-time registered nurse and appropriate medical equipment
- housekeeping or janitorial services

Mutual Provisions

- Both parties agree to cooperative planning.
- Both parties will make collateral data available.
- There will be joint participation in the development and follow-up of IEPs and hab plans.
- Each party will notify the other regarding changes in client/student status.
- Each party will inform the other of staffing times.
- Each party will schedule staffing times to enable maximum participation.
- When students are enrolled in either a public school or an HRS program, the policies of the serving agency will apply.
- A formalized procedure will be used to conduct reassessments of hab plans.
- Both parties will maintain active treatment plans by a formalized procedure.
- Both parties will develop hab plans for new admissions by a formalized procedure.

FIGURE 17, CONTINUED

- Both parties will participate in reciprocal in-service training.
- Both parties will be represented on an inter-disciplinary supervisory committee.

School system representatives who have signed these cooperative agreements have included school district superintendents, school board chairpersons, and school system attorneys. HRS is typically represented by the district administrator and the Sunland superintendent.

As Florida's Sunland Centers are deinstitutionalized,[1] school districts will increasingly serve PMH students who live in for-profit and not-for-profit ICF/MRs. Although school districts are not legally obligated to develop cooperative agreements with these facilities, written agreements may facilitate the delivery of services to these students.

Because these facilities are privately owned and operated,[2] HRS participation in developing such agreements is not mandatory. In dealing directly with an ICF/MR, school district staff may want to reach written agreement on such concerns as:

- schools to receive ICF/MR students
- transportation
- agency liaisons
- information to be shared

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[1] Section I of the Five Year Plan For Services, published by the HRS Developmental Services Program Office in January, 1981, listed deinstitutionalization as a major departmental priority. The Five Year Plan (p. 41) states:

> Depopulation [of Sunland Centers] is dependent upon increasing the number of quality community-based residential settings to accommodate residents who will be returned to the community and the clients who must be diverted from placement to an institution.

[2] The Office of Licensure and Certification, Department of Health and Rehabilitative Services, certifies, licenses, and monitors all IFC/MRs in Florida.

- emergency procedures

- coordination of service plan reviews

- staff participation in service plan reviews

- communication procedures

- participation in joint meetings and inservice

Although such written forms of cooperation are not legally required, they serve to stabilize and solidify communication between agency personnel. In doing so, they also enhance service provision to all ICF/MR residents being served by public schools.

School system, HRS, and ICF/MR personnel may also coordinate services through less formal written arrangements. Letters or memoranda of agreement may address the same topics as more formalized agreements and include such details as:

1. attendance of personnel at admissions staffings and other meetings;

2. locations and times of meetings;

3. procedures for handling field trips, tardiness, and absence;

4. changes in students' educational programs or plans of care;

5. behavior management guidelines or procedures; and

6. the development and use of mutual forms.

At their most informal, cooperative agreements can simply be conversations in which school and HRS staff members decide on compatible goals and objectives, methodologies, behavior management procedures, or any of the other aspects of a student's education, training, and care. This type of interagency cooperation can be--and should be--a regular occurrence among individuals who recognize the importance of consistent and complementary education and training. Examples of verbal agreements include:

1. Public school teachers work with appropriate HRS staff to develop compatible goals and behavioral objectives.

2. Teachers and HRS social workers or ICF/MR staff members agree on procedures for handling individual problems addressed in service plans (e.g., self-abusive behavior).

3. A school principal and appropriate HRS staff members agree on restraints to be used for individual PMH students.

4. In Sunland facilities, HRS behavior program specialists and public school teachers agree on training methods and programs to be used for individual students.

5. Teachers and HRS residential staffs agree to share information periodically on student progress and needs.

In coordinating educational programs with ICF/MRs, school personnel may find that informal written and oral agreements are the most feasible forms of cooperation. Because school systems are not legally obligated to comply with ICF/MR regulations, neither school nor ICF/MR personnel may feel comfortable with formalized written agreements. ICF/MR administrators typically do not request that school district staff sign such agreements; instead, they ask school principals and teachers to agree orally to comply with regulations that require school system participation. For new ICF/MRs, logistical problems such as transportation, feeding, and medication schedules all require coordination. In regularly scheduled meetings, principals and ICF/MR staff members can discuss problems and agree on appropriate procedures for handling these problems. Successful ICF/MR administrators view school principals and teachers as partners in a cooperative venture to help PMH students meet their potential. Some ICF/MRs periodically send psychologists, behavior specialists, social workers, or other staff to schools to gather information on student progress. When approached in this way, teachers and principals are usually quite willing to respond to the needs of PMH students living in ICF/MRs.

Data Collection and Sharing

As part of their day-to-day responsibilities, most teachers, therapists and other professionals and paraprofessionals who work with PMH students keep some type of data on programs and student progress. These data are usually gathered on checklists and other forms, which may be developed by individual professionals or standardized within the school or district.

Because statutes, rules, and DOE regulations do not directly address data collection,[3] school district procedures documents may not include methods for

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[3]DOE auditors of district exceptional education programs verify the content of IEPs and the existence of implementation plans. If district procedures documents specify the content or format of implementation plans, consultants also verify individual schools' compliance with district requirements for these documents. The DOE has no audit criteria for individual student and program data collection. Program auditors may comment on data collection procedures in their recommendations concerning program quality and best practice.

gathering such information. As a result, data collection systems vary from school to school and, often, from teacher to teacher. At the same time, principals of schools with PMH students typically require that their staffs gather data on programs and students. Some principals standardize data collection in their schools, while others allow teachers to develop their own checklists and tracking charts. For example, one principal may require monthly and daily graphing of every short-term objective on the IEP. Another may use a standardized curriculum from which teachers take goals and objectives and develop their own data collection systems.

Large school systems with supervisors for the mentally handicapped may help set up data collection systems for the district. Such attempts to ensure uniform and consistent data collection are time-consuming, however, and compliance is difficult to monitor. Small school systems generally do not have sufficient staff to organize and monitor a district-wide system of data collection.

HRS' Client Services manual requires HRS social workers to gather reports from service providers for semiannual, annual, and three-year hab plan reviews, [HRS manual 160-2, Ch. 5-2(a); 5-3(a); 5-4(a)]. The manual does not specify the nature of these reports, other than to state that "reports from Developmental Training Programs must contain the results of annual assessments" [5-3(a)].

HRS staff responsible for developing and carrying out training programs in Sunland centers (behavior program specialists, physical therapists, occupational therapists) devise their own data collection systems to address short-term objectives on clients' ATPs. Each trainer's program plan is to include data collection procedures that report the client's level of performance before the training begins and must indicate the type and frequency of data collection. Quality assurance committees within each Sunland are responsible for monitoring training programs and for verifying staff data collection. In this respect, each HRS facility functions much like a public school in setting requirements for and monitoring data collection. Like public school principals, Sunland administrators determine the extent and nature of data collection within their facilities. With the exception of ICF/MR units or cottages, HRS monitors do not typically inspect individual trainers' records. State ICF/MR regulations are more specific than those of the DOE or Developmental Services in their requirements for program documentation. Rule 10D-38.16 (6), FAC states:

> There shall be documented and observable evidence of consistently applied training activities designed to meet the Habilitation Plan goals set for every client.
> (a) There shall be a functional training record for each client, maintained by and available to the training and habilitation staff.
> 1. Each record shall contain a statement of specific and measurable objectives, a description of the methods or techniques used, data collection, monthly documentation of the client's progress, and modification of objectives as needed.

Although the HRS Office of Licensure and Certification has made recommendations to ICF/MR facilities concerning data collection, each facility is permitted to develop its own system and forms. Thus, data collection in ICF/MRs is not standardized, but each client's ATP (see chapter 3) must specify the frequency of data collection for that client. Service providers must comply with these specifications. The ATP may specify daily data collection for some programs; for others, weekly documentation. Whatever method an ICF/MR decides to use, ICF/MR monitors look for consistency in data collection and cite facilities for any gaps in documentation.

Data collection in ICF/MRs is one of the required components of a client's training record, which HRS defines as:

1. short-term objective (taken from ATP);

2. task analysis;

3. teaching methodology;

4. consistent, systematic data collection; and

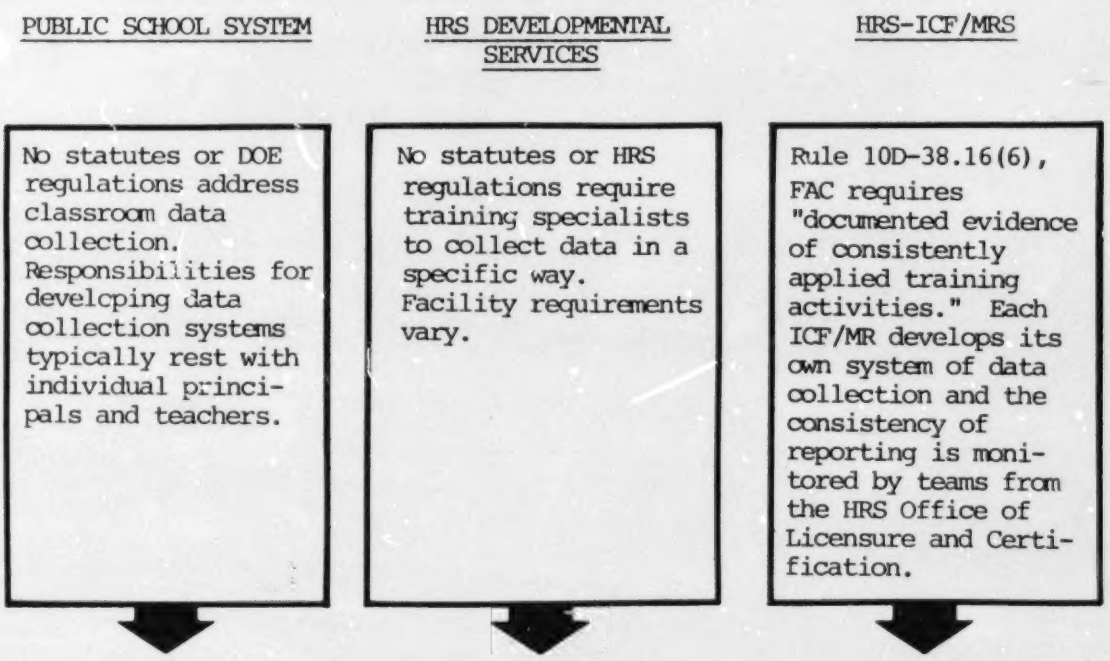
5. progress reports that include objective and subjective information. (Explanatory statement for 45 CFR 249.13(c)(3)(v), listed in "Institution for Mentally Retarded or Persons with Related Conditions--Survey Report.")

The lack of clear-cut regulations for school district and HRS data collection contrasts sharply with ICF/MR requirements for training documentation. This discrepancy can cause significant coordination problems for ICF/MRs with school-aged clients. Depending on their perceptions of a school system's responsibilities, ICF/MR administrators may request or insist that public school teachers and therapists collect and report data on student progress in a particular way. A few may even ask that school system personnel use ICF/MR data collection and reporting forms and that these forms be turned in to the ICF/MR monthly. Such requests reflect Florida ICF/MR regulations (Chapter 10D-38) for a monthly review of client progress and for objective, measurable indications of client progress.

Figure 18 shows agency requirements for data collection.

FIGURE 18

AGENCY REQUIREMENTS FOR STUDENT/CLIENT DATA COLLECTION


PUBLIC SCHOOL SYSTEM
HRS DEVELOPMENTAL SERVICES
HRS-ICF/MRS
No statutes or DOE regulations address classroom data collection. Responsibilities for developing data collection systems typically rest with individual principals and teachers.
No statutes or HRS regulations require training specialists to collect data in a specific way. Facility requirements vary.
Rule 10D-38.16(6), FAC requires "documented evidence of consistently applied training activities." Each ICF/MR develops its own system of data collection and the consistency of reporting is monitored by teams from the HRS Office of Licensure and Certification.
RESULT: Widely varying methods of data collection.
RESULT: Widely varying methods of data collection.
RESULT: Systematic collection and reporting of data stated in measurable, objective terms.

Both the DOE and HRS are aware of the effect of data collection on programs and student progress. Through resource manuals and training materials, both suggest appropriate methods and forms for use in gathering data. Before professionals can share data on student progress, however, they must first establish communication and then agree on mutually supportive programs. Teachers, therapists, and HRS behavior programs specialists need to consult frequently on short-term objectives, methodologies, warm-up activities, tracking, and student progress. Once-a-year meetings are not sufficient to coordinate these aspects of a student's program. Indeed, some specialists feel that they should not take time during hab plan or IEP meetings to discuss the details of their specialty. Possibilities for expanding communication include:

1. Public school and HRS staffs hold periodic conferences on the students both agencies serve. These conferences may be held at the school or at another mutually acceptable location.

2. Teachers provide ICF/MRs with narrative progress reports on ICF/MR clients.

3. Staffs agree to exchange information periodically on data collected. These exchanges may be either oral or written.

4. Therapists visit their counterparts in the other agency and demonstrate methods, activities, positioning, and other elements of training.

5. Teachers, therapists, and appropriate HRS staff participate in joint inservice that allows individuals to discuss methodologies and data collection.

These suggestions for improving coordination do not directly address the development of common data collection systems. If data sharing is to be a coordination goal, however, certain preliminary steps must be taken. Professionals do not benefit from data that reflect contradictory goals and objectives for a student. Nor can they use data gathered on conflicting programs. Professionals must first establish frequent communication and work out larger conflicts in programs. Only then will the sharing of data benefit both professionals and students.

APPENDIXES

A: List of Advisory Committee Members

B: Glossary of Terms

Appendix A

INTERAGENCY DEVELOPMENT PROJECT
ADVISORY COMMITTEE MEMBERS

Mrs. Lynn Groves, Principal
Sunland Exceptional School Center
Lee County Schools

Mrs. Pam Hammock
Programs and Services Director
Tallahassee Sunland Center

Ms. Linda F. Laugen, Project Manager
Interagency Development Project
Leon County Schools

Mrs. Pat Long, Parent

Mrs. Anne Powell, Private Consultant

Mrs. Susan Raker, Principal
Gretchen Everhart School for
Exceptional Students
Leon County Schools

Ms. Lynda Roser, Coordinator
Exceptional Student Education
Leon County Schools

Mr. Joe Stephenson, Client Support
Services Supervisor
HRS District 2

Mr. Ken Swenson, Lead Teacher
Sunland Public School
Leon County Schools

Dr. Evelyn Syfrett, Consultant
State Compensatory and Alternative
Education Section
Florida Department of Education

Ms. Mary Thiel, Operations and
Management Consultant
HRS District 2

Mrs. Nancy Thomas, Consultant
Interagency Liaison
Bureau of Education for
Exceptional Students
Florida Department of Education

Mrs. Billie Ward, Social Worker
Orange County Schools

Mrs. Kathy Winn, Early Childhood
Consultant
The Florida Department of Health
and Rehabilitative Services

Appendix B

Glossary of Legal and Agency Terms Related to Service Provision for Profoundly Mentally Handicapped Students

Active Treatment Plan (ATP)--An individualized prescriptive plan written by an interdisciplinary team of ICF/MR service providers to implement an ICF/MR client's habilitation plan. (See definition of ICF/MR elsewhere in this glossary).

Annual Goals--Those behaviors or skills that an exceptional student or Developmental Services client is expected to learn within a year. These goals are recorded on an exceptional student's Individual Educational Program (IEP). For a Developmental Services client, annual goals appear on the client's habilitation (hab) plan and on the Active Treatment Plan or other appropriate implementation plan.

Annual Reviews--The annual meetings held by both school system and HRS personnel to revalidate and make changes in service plans. School system personnel meet with parents and students (when appropriate) to renew and revise Individual Educational Programs. HRS personnel meet with parents, clients, and service providers to change or revalidate goals in habilitation plans.

Bureau of Education for Exceptional Students (BEES)--The bureau within the Division of Public Schools, Florida Department of Education, responsible for the Development of state and federally funded educational programs for exceptional students. BEES provides technical assistance in program development and evaluation to school districts, conducts program audits, and prepares resource manuals and materials. The Bureau also helps school districts interpret applicable statutes and rules and promotes standards for best educational practices.

Case Manager--The HRS social worker responsible for supervising implementation of an individual habilitation plan and for recording the client's progress. HRS also contracts many case management responsibilities to agency case workers.

Cluster Facility--A state-owned Intermediate Care Facility for the Mentally Retarded (ICF/MR) consisting of three one-story "homes" grouped in one location. Each home is designed to serve 8 clients. Cluster facilities being built in Florida provide alternative residential placement for mentally handicapped clients now living in Orlando and Tallahassee Sunland centers. Cluster ICF/MRs must meet all federal and state regulations applicable to other ICF/MR facilities.

Developmental Services--The program within the Department of Health and Rehabilitative Services that provides services to individuals classified as developmentally disabled under state and federal laws.

Developmentally Disabled--A term used in Florida law to describe children and adults who exhibit disorders or syndromes caused by retardation, cerebral palsy, autism, or epilepsy. For such persons, these symptoms must constitute substantial handicaps that are likely to continue indefinitely. Federal law [P.L. 95-602] also defines "developmental disability." This definition is explained on page 9 of this manual.

Diagnosis and Evaluation Team (D&E team)--The D&E team is a group of HRS employees in each HRS district that conducts evaluations to determine an individual's eligibility and need for services provided by the Developmental Services Program. The team consists of a clinical social worker, an academic consultant, a psychologist, and a nursing specialist.

Exceptional Student--Under Florida law and rule [S. 228.041, F.S.; SBER 6A-6.301], any public school student (or child eligible for enrollment) who needs special instruction or special education services because of a physical, mental, emotional, social, or learning exceptionality. Exceptional students are those who are mentally handicapped, speech and language impaired, hearing impaired, visually impaired, physically impaired, emotionally handicapped, specific learning disabled, and gifted.

Florida Diagnostic and Learning Resources System (FDLRS)--A state and federally funded support system serving exceptional student education programs in Florida. Eighteen FDLRS associate centers provide a variety of services to local school districts that include: (1) assistance in locating and identifying students; (2) planning educational programs for exceptional students; (3) planning, coordinating, and helping implement training programs; (4) helping districts identify, select, acquire, use, and evaluate appropriate media and materials. Coordination of the FDLRS system is a responsibility of the Support Services Section within the Bureau of Education for Exceptional Students.

Habilitation (hab) Plan--An individualized prescriptive plan written for each Developmental Services client. The habilitation plan identifies client needs and authorizes the expenditure of state funds to provide services. The plan describes a client's present level of functioning or development in each applicable program or service area and lists annual goals for client performance.

Habilitation Planning Committee (HPC)--Those HRS staff members and service providers who meet to develop and review a habilitation plan for a Developmental Services client.

Implementation Plan--The plan written by an exceptional student's teacher(s) and related service providers that contains instructional objectives and sequential steps for reaching these objectives. The sequence is based on the short-term instructional objectives identified in the IEP and usually follows a selected curriculum.

Individual Educational Program (IEP)--The written service document that SBER 6A-6 and P.L. 94-142 require for every student enrolled in an exceptional education program. In Florida, public school systems write IEPs for the exceptional students they serve (ages vary from school district to school district) and HRS does the same for HRS clients below age 22 who are not being served by local school systems.

Intermediate Care Facility for the Mentally Retarded (ICF/MR)--A residential facility licensed by the state and certified according to federal medicaid regulations. An ICF/MR provides room and board; continuous 24-hour-a-day supervision; participation in professionally developed and supervised activities, experiences or therapies; and all habilitative, rehabilitative, or treatment services identified for each client by an interdisciplinary team.

Profoundly Mentally Handicapped (PMH)--A person whose intellectual and adaptive behavior is profoundly impaired and whose development reflects a reducted rate of learning. The measured intelligence of a profoundly mentally handicapped student generally falls below five standard deviations below the mean and the assessed adaptive behavior falls below age and cultural expectations.

Qualified Mental Retardation Professional (QMRP)--A professional responsible for the management of programs provided to clients living in Intermediate Care Facilities for the Mentally Retarded. The qualifications for a QMRP appear in the footnote on page 10 of this manual.

School-aged--Generally, exceptional students aged 5 through 18. Federal and state laws permit local school districts to extend educational services to students below age 5 and above age 18; thus, exact ages within the school-aged category vary from school district to school district.

Service Plan--A document prepared for each exceptional student or Developmental Services client that describes the services the student or client is to receive. For local school systems, the service plan is the Individual Educational Program (IEP). HRS Developmental Services develops a habilitation (hab) plan for each client. (See definitions of these documents elsewhere in this glossary).

(continued from inside front cover)

Topical Manuals

___ Volume III-A: Individual Educational Programs, 1980.

___ Volume III-B: Evaluating the Non-English Speaking Handicapped, 1982.

___ Volume III-C: Mediation and Due Process Procedures, 1982.

___ Volume III-D: Maintaining Education Records of Pupils and Adult Students, 1982.

___ Volume III-E: Alternative Communication Systems for Non-Vocal Students, 1982.

___ Volume III-F: Electronic Communication Devices for Visually Impaired Students, 1982.

___ Volume III-G: Alternative Delivery Systems for Homebound/Hospitalized Students, 1982.

___ Volume III-H: Supplement User's Guide AAMD ABS-PSV, 1981.

___ Volume III-I: Computer Assisted Instruction and Support for the Handicapped: Interim Report, 1982.

___ Volume III-J: Interagency Service Plans for the Profoundly Mentally Handicapped, 1983.

Training Manuals

___ Volume IV-A: Training Manual for School Bus Drivers Transporting the Handicapped, 1982.

___ Volume IV-B: A Training Manual for Teachers of the Homebound/Hospitalized Student, 1980.

___ Volume IV-C: A Training Manual for the Development of a Home/School Information System, 1983.

___ Volume IV-D: Educating Parents of Emotionally Handicapped Students,
Part 2: An Annotated Bibliography, 1983.

___ Volume IV-E: Management of Eligibility and Placement Processes, 1983.

Curriculum Planning Resources

___ Volume V-A: Curriculum Planning Resource Manual for Developmental Skills and Communication Skills; Hearing Impaired: Deaf and Hard of Hearing, 1977.

___ Volume V-B: MODELL: Music or Drama to Enhance Language Learning, 1982.

___ Volume V-C: Affective Curriculum for Secondary Emotionally Handicapped Students, 1983.

___ Volume V-D: Techniques of Precision Teaching,
Part 1: Training Manual, 1983.
Part 2: Math Basic Skills Curriculum, 1983.
Part 3: Reading Basic Skills Curriculum, 1983.

FLORIDA: A STATE OF EDUCATIONAL DISTINCTION. **"On a statewide average, educational achievement in the State of Florida will equal that of the upper quartile of states within five years, as indicated by commonly accepted criteria of attainment."** Adopted, State Board of Education, Jan. 20, 1981